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0 24	p		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSIN	IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12		BUSINESS OR
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1 to 0	a /		NO	2 11 11 11 11 12 13	21 3-32-	5762	Ethel Lee A	lascio- 102	Gilmore	St.	,
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that the	ol, cremo		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OI	r as a consequi	ENCE OF					
equires n signe Then pl	r to buri injury, o	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	INTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART No	
he low ron. hos bee	ows ony ii	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH?
N: Th lysicio cote cote	Hygier 18 sho	CER	21a. ACCIDENT WAS UNDERLYING	3			21c. HOW INJURY OCCUR			OR PART 2)	
IYSICIAt ding ph is certific	Mentol B	AL	OR CONTRIBUTING CAUSE OF DEA			AY YEAR					
	or It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
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hos hed	f them		22b. SIGNATURE	n new meadury	oner deom.		DEGREE		1	22c. DATE S	IGNED
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Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b HOUR

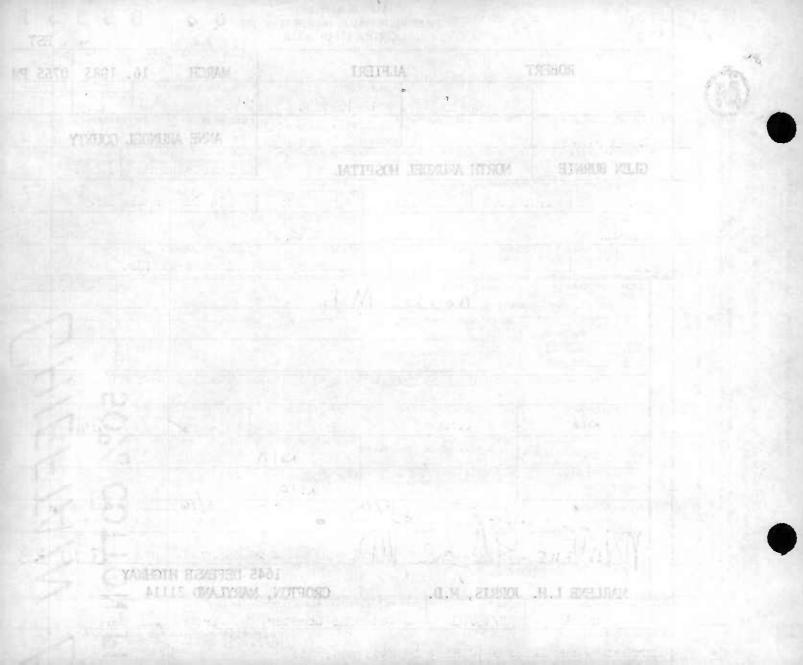
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IF UNDER 24 HRS

29. DATE OF DEATH MONTH



Ley	1 - FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	5 8 5 2 EST			
	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
ge 3 eath	JAMES	CURMAN	ARMSTRONG	MARCH 14, 1983	5:03 PM			
F2. 1 - 7	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Bogs-4	Male	Black	Jan 20, 1919	64 years YRS.				
A Sold Sold	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
of of oto	North Carolina	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL COUNTY MD.				
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ND 21:	13a. STATE 13b. COL	or other institution, give residence before JINTY 13c. CITY OR TOWN Arundel Gambril	I 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2483 Lee Street	21054			
RYLA vithir	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST			
E, MARYLA completely is 1 and 2 share	Henry Armstrong		Bertha Tor:	rence				
MORE, n ond co	160. WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)			orills, Md.			
TIM S. Pa	Yes WW	II 239-10-5	002 Lucille Arms	strong, Wife,2483				
T.,	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS	BETWEEN ONSET AND DEATH						
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1 W. PRI hot the c ose remc other tro	gove rise to immediate couse (a), stating the underlying couse last.	couse (o), stating the DUETO, OR AS A CONSEQUENCE OF) \ \ 1						
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NG PHYSICIAN: The law requires the ottending physician. If the this certificate has been signed be os the buriol-tronsit permit. Then pleath and Mental Hygiene prior to buriol, and Mental Hygiene prior to buriol, and de	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
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0 0 0 0 0	THE SIGNATURE AS	dan mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED			
SPIT d b)	22d. PHYSICIAN'S NAME	pa result)	22e ADDRESS 784	5 OAKWOOD ROAD #2	00			
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I MPORTANT: If	IRA E. KAPI	LAN, M.D.		N BURNIE, MD. 210				
BP Draw M	230 BURIAL, CREMATION, REMOVA		name of cemetery or crematory rmony Memorial Par		COUNTY STATE			
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR W. ERNEST' JARVIS	Co., INC., Wash	432 You St., NW 250 D	AR 2 2 1983	RAR'S SIGNATURE			

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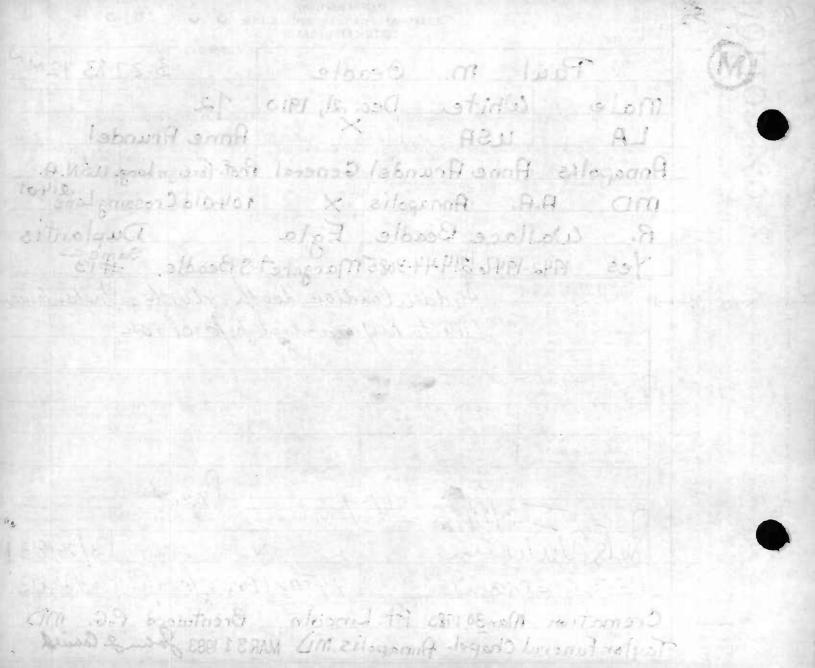
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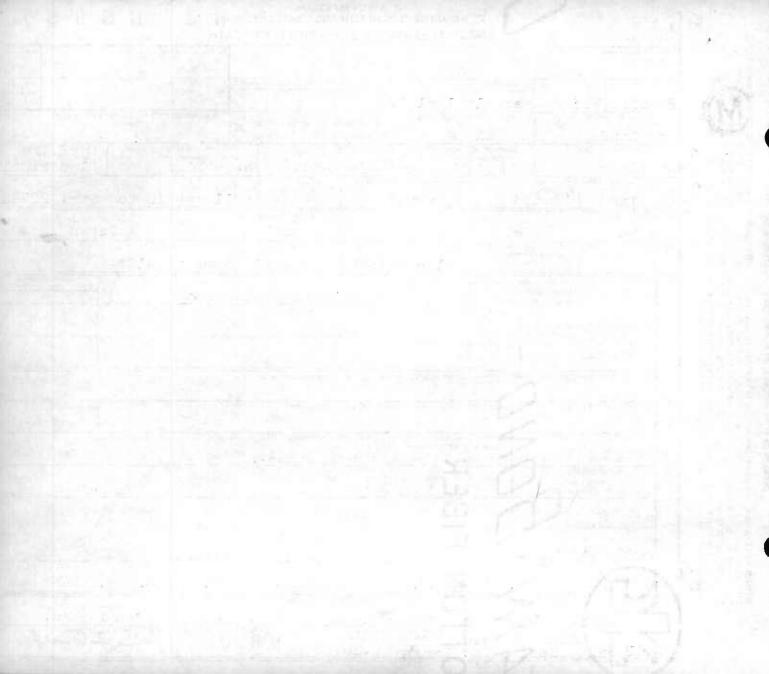
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	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	23a. B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCAT	ION		NAME OF THE PARTY	
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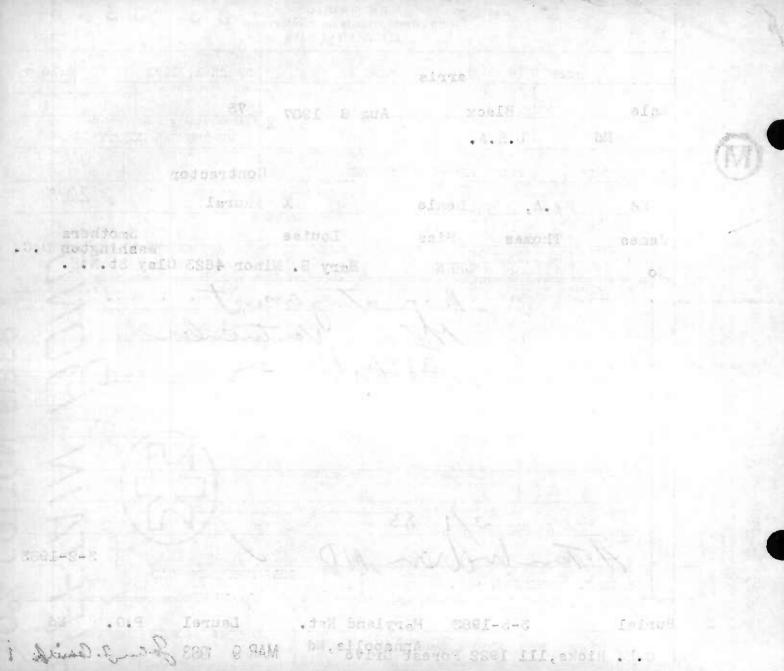


WILLIAM REESE & SONS MORTUARY. P.A.

(VRA 15, 4)

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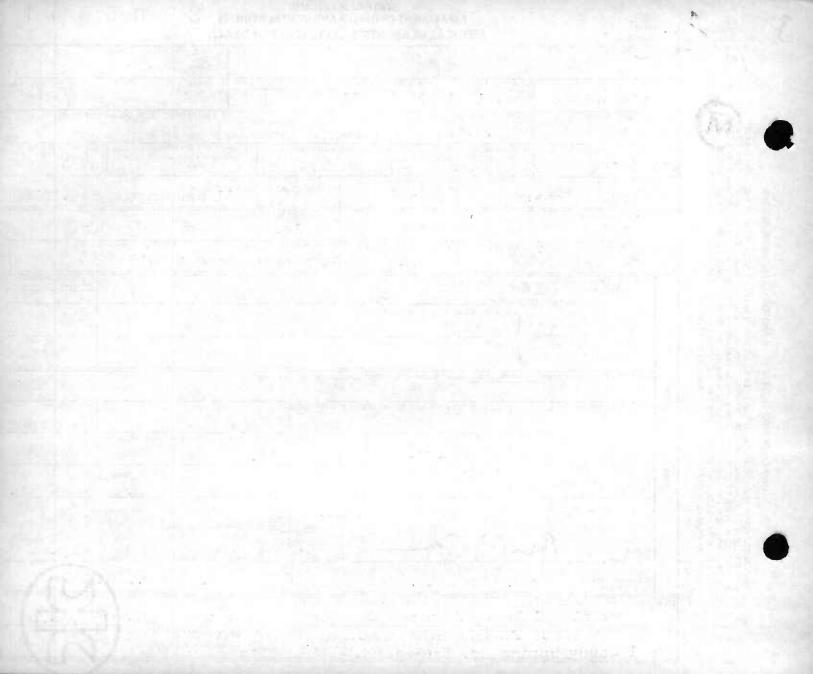
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	(TYP)	OR PRINT) ALLEN	Harı	ois BIAS		MARCH 1, 1983	6:10 p
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		le	Black	Aug		75 YRS.	
35		RTHPLACE STATE OR FOREIGN COUNTRY) Md	U.S.A.	WIDOWE		BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO	
54	GI	EN BURNIE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, NORTH ARUN)	DEL HOSPIT		12ª USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE ONTRACTOR	12b, KIND OF BUSINESS OR INDUSTRY
35		STATE 13b C	AE OR OTHER INSTITUTION GIVE RESIDIOUNTY 13c. CITY Dea	ORTOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	20751
acquoi exomina	J. 160 V	VAS DECEASED EVER IN U.S	ARMED FORCES? 16b. SOC	LAST LAS LIAL SECURITY NO.	Louise 15. MOTHER'S MAIDEN NAME TO SERVE TO SER	MIDDLE S	mothers hington D.C
E J	N		UNK		Mary B. Mi	nor 4623 Clay	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or omer irounci	NOIL		DUE TO, OR AS A CO	DINSEQUENCE OF A STING TO DEATH BUY		INAL DISEASE OR CONDITION GIVE	
9	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATIO		YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IB PA	ART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	_	AT WORK AT WORK					
		220 I certify that (I) (this h	ospital) attended the decross e an	19 <u>83</u> , or		, to, death occurred on the date and hour	
		22a certify that (I) (this h sow the deceased alivabove, (I) (we) (did) (di	e on 3 d not; view the body offer dea	19 <u>83</u> , or	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	
1		27a certify that (1) (this h sow the deceased alivabove, (1) (we) (did) (di	whidian, M.D.	19 <u>83</u> , or	DEGREE ATTENDING PHYSICIAN	DECITOR OF PHYSICIAN OF MOUNTAIN ROAD	ond from the couses stated 22c. DATE SIGNED



	ST	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()	2 8 6 0
	(1	- STATE MEDICAL EVAMINEDIS CERTIFICATE OF DEATH	3 0 0 0
4.		DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN [V] MONTH	DAY YEAR 26 HOUR
· 100	- 1	CHARLES PERRY BLACK OF ESTI- DEATH MATED 3	29 19 83 M
(TO)	0.1	SEX 1 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
(M)	1	MALE Cauc. 4/17/1957 25 YRS HOURS MIN. PRONOUNCED DEAD 3	29 19 83 12:15
NEW HEST	31	BIRTHPLACE IN THE COUNTRY? 8. MARRIED NEVER MARRIED \$ 9. BALTIMORE CITY OR COUNTRY?	NTY OF DEATH
V SANGER		Maryland U.S.A. WIDOWED □ DIVORCED □ Anne Arundel (
NEW THE STATE OF T		DITY OR TOWN OF DEATH 11. NAME OF HOSPITAL SURSING HOME, OR OTHER INSTITUTION Balto. Md(BWI) (IF NOT IN SUCH FACILITY THE ESTREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY Automobile
Apa Sol	00	Parking of - Gulf Station - BWI Mechanic SUAL RESIDENCE IN RISING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ATT PORT	Automobile
Z1201 AND 3 RETAIL RECOR	35 130	Baltimore City Baltimore 136. CITY OR TOWN 136. HISTOR (ITY LIMITS? 136. STREET ADDRESS 1435 South Augusta	Street 21229
MD. H. II. 2.2.5 5.2.5 UAL	ma	FATHER'S NAME MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
DEA DEA DEA		Melvin G. W. Black Janet L. Honeywell	
BALTIMORE S AFTER DE GIVE PA GIVE PA FOR PAGES	1160	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	21207
			APPROXIMATE INTERVAL
ON ST., 24 HOUR TEM 18. ONG W PERMIT.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Downformating gundbat would of needs	BETWEEN ONSET AND DEATH
PRESTON ST TITHIN 24 HO CIL IN ITEM 1 VER ALONG ANSIT PERMIAL AL HYGIENE,	NA AL	IMMEDIATE CAUSE (6) Perforating gunshot wound of neck	
RESI NSITA	EW	Canditions, at any, which	
W. W	OR R	gave_rise_to_immediate	
UTED UTED	Ň	lying cause last.	Company of the Company
	WAT	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS, ID BE EXEC PENDING" MEDICAL D AS A BUI	S SE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A M. MONTH. DAY, YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM 18 PART I OR I	
ALRI DUID SED A	¥ /	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD, ROED TO THE CALIE E 3 SHOULD BE USE	BUR I	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216 HOW INJURY OCCURRED LENGER NATURE OF INJURY IN ITEM IS PART LORI	YES X NO
IVISION OF THE WATTHER THE WATTHER THE WATTHER THE WATTHER DEPARTMEN	2		ART 2)
SION STIFF		TO NOTERLY ING CONTRIBUTING CAUSE OF DEATH 12: 10 mx 3-29- 19 83 Self-inflicted. 216. PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) 217. STREET STREET CITY OF TOWN	
S CEI RE 3 CEI	910	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) GULf Station parking Lot - BWI Airport A	nne Arundel Md
THI WAY	2		
MAZ S S X	N N	228. Learnify that Ltook charge of the remains described above, held an Autopsy Inspection, Inquiry, and in my death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined monner,	apinian
A PRINCIPAL NAME OF THE PRINCIPAL NAME OF TH	R.	death resulted from: Natural couses	
MEDICAL EXAM ECUTE THE CERTIF OR 4 SHOULD BE FUNERAL DIREC	3	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGN	3-29-83
NEW STATE	80 h		
EXECUTE PAGE	1	EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
5X454	23	30 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CITYOR TOWN CATONSVILLE.	UNTY STATE
ВР		Burial 3/31/83 Loudon Park Cemetery Catonsville,	Md
DHMH - 13	7	MAME MILLIAMIN INTERVENTAL FR 1003 1	& Court
(VR A)5 ME 20M 4/82	18.0	you in Villa Noce 6/11 Windsor Mill Rd 1 11 1500 1	

CONTRACTOR STATES AND CONTRACTOR the colour des . More a de la company

4			FOR		n	STA EPARTMENT OF		AND MENTAL F	YGIENE .5	0	5 8 6	
X	4		STATE REGISTRAR			ICAL EXAMIN				REG. NO.		,
-0	17	1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KN	TOWN IN WONI	TH DAY YEAR	2b. HOUR
	1885	(TYP	E OR PRINT)	STEPH	ANIF	OL		BLACK	OF E	ATED 3	29 1983	
/	FILES. FILES. TREET,	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN		24 HRS. 2t. DATE	MONT		12:15
	ARY, PART, P	Fe	male	White	Apr. 18	1982 LAST BIRTHO	RS. MONTE	S DAYS HOURS	MIN. PRONOUNCE DEAD	3	29 1983	12:15 a M
	S	Ta. BI	RTHPLACE (ST	ATE OR	76 CITIZEN OF WH		8. MARRI	ED NEVER MARR	9. BALTIMOR	RE CITY OR COU	INTY OF DEATH	
	Day 3		rylanc		U.S.A		WIDOW	ED DIVORC	ED Anne /	Arundel		MD.
	AY IS N THE A AGE Soli	1/	TY OR TOWN			HTAL, NURSING HOM	E, OR OTH	ER INSTITUTION	FOR MOST OF WORKING		OR INDUS	USINESS TRY
	DELAY N PACH N P		ltimor		Gulf Stat	ion Parkin	g Lot	- BWI	N/A		M/A	
21201	AND 3	113a S		MICCOLL	or other institution, givi ard	Savage	ION)	Airport 13d. Inside city Limits? YES NO	8811 Was	hingto	n Str.2	0763
AD.	H. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	14. F/	THER'S NAME		MIDDLE P	Black		15. MOTHER'S MAIDE Joleen	JOY	LE	LAST	
ORE,	A A P P P P	1	Char1				24.10	17. INFORMANT		ADDRESS	Beaty	
BALTIMORE, MD.	JRS AFTER DEATH 3. GIVE PAGES 1 WITH FORM PW T. PAGES AND DIVISION OF WITH	160. V	es, no, or unkno	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT	Y NO.		ty Same a		12.1	
a0	DURS 1B. G 1B. G MIT. P.		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per line f						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
PRESTON ST.	24 HOUR ITEM 1B. LONG W PERMIT. GIENE, D	- 3	01:		TE CAUSE (o)	Gunshot wo		of head (ha	indgun)			
REST	ZZYSZS		Canditian	ns, if any, which		AS A CONSEQUENCE	OF					
9.	AINE TRAINE SR RI			e to immediate		AS A CONSEQUENCE	OF					
201 \	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL PON, OR REA		lying cau		(2)	1011024021102	01					
DIVISION OF VITAL RECORDS, 201 W.	XECU JAL BUR AND		PART 2 DINER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASI	DR CONDITION GIVEN IN PA	RT 1 tai.			
Ö	BE E NDIN	NO										
8	SHOULD ORD "PE CHIEF A CHIEF A TOF HEA URIAL, O	CAT	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED?			2B AUTOPSY	1?
TIV.	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	TIE									YES X	NO 🗌
O.	A SA	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA	R		D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	P PART 2)	
NO.	PARTICIPATION OF THE COLUMN OF	OICA.	CONTRIBUTION 21d. INJURY C	NG CAUSE OF	DEATH 12: 10x	x 3-29- 19 8		ibject shot	•			
N	ARITIN ARDED GE 3 S GE 3 S GE 3 S CO PI	MEC	WHILE		STREET, FACTO	DRY, FARM, ETC.)	S	TREET	CITY OR TOWN		COUNTY	STATE
100	E, W WAI PAC STAT					<u>Station Par</u>	-			7	<u>Arundel</u>	Md.
	A P E S A S A S A S A S A S A S A S A S A S				ge of the remains desc		Autap			, and in my	opinion	
	REC REC VITH KRYL	1	death resulte	ed from: Natu	iral causes 🔲,	Accident L., Su	uicide 🔲	Hamicide X	Undetermined mann	er [],		
	MACHE STATE		ACTUAL SIGNATURE	//	M)W	1	- "	D. Assistant	MEDICAL EXAMIN	DA1	TE 3-29-	83
	A SEA SEA SEA SEA SEA SEA SEA SEA SEA SE		200	//			- "					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL! BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REI	K	EXAMINER'S (TYPE OR PRIN	NAME Ar	n M. Dixor			ADDRESS	Penn St., B	at10., 1	Mu. ZIZUI	
	5X 4 5 4 8	23a.B	SPECIFY)	TION, REMOVAL		23c. NAME OF CE			23d. LOCATION CITY OR TOWN			STATE
	BP	2A F	Bur UNERAL DIREC	ial	1 Apr. 83	3 Savage	Ceme	tery	Savage	HOW:	ard Md	:4
	DHMH - 17		NAME	FLEC	K FUNERAI	L HOME, I	NC.2	0707 M	IR 30 1983	Ja Cin		
	(VR A1S ME (S))	_/	POT 25	andy Sp	ring Rd.	Laurel 1	Md.	tan	99 -			



1.	FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH					REG. NO.					
	CEASED NAME	FIRST	٨	MIDDLE	L	AST		20 DATE OF D		TH DAY	YEAR	26. HOU	R	
(TTP)	E OR PRINT)	JOSEPH	H E	DWARD	BF	MUAS		MARC	CH 2,]	L983		2:20	P M	
3. SE	X	4	RACE		5. DATE C		115.0	6. AGE (INTEA	RS LAST BIRTHDAY		JNDER I YEAR	IF UNDER	24 HRS	
I	Male		White		12	23 1	.903	77		YRS.	INS DATS	HOURS	MIN.	
	IRTHPLACE (STATE O	r foreign 71	U.S	·A.	8. MARRIEI WIDOWE	NEVER M.	ARRIED ORCED	9. BALTIMORI ANNE A	ECITY OR CO				MD.	
	ITY OR TOWN OF DE	25 30 10	(IF NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)		TUTION	120 USUAL OC TYPE OF WORK F			126. KIND O			
	LEN BURNI		NORTH ARUNDEL HO			ITAL		Truck	Drive	r	Glass	s Co.		
13a.	AL RESIDENCE (IF NU STATE 1d •	13b COUNT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINITY .A. 130 CITY OR TOWN RIVIERA BO		N I	1134 INSIDECITY LIMITS?		134 STREET AL	nlap C	t. (2	1122)			
14. F	Wilhelm	MI	DDLE	Braum		15 MOTHER'S Mati			WIDDEE		Duste:	rhoff		
6a \	WAS DECEASED EVE		ED FORCES? WAR OR DATES}	215-05-0		Annie		(same	as 13	e)	laly			
NO	gove rise to in couse (a), stat underlying cou	PART 1. DEATH WAS CAUSED BY: 12 9 2 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEOU Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO						INAL DISEASE		DN GIVEN	IN PART 10	D.		
CERTIFICATION	19a. DATE OF OPER.	ATION	196. CONDI	TION FOR WHICH	OPERATIO						/ERE FINDING CAUSES		H?	
MEDICAL CERT	21a. ACCIDENT WAS UPOR CONTRIBUTING [1] (IF EITHER, NOTIFY MEI 21d. INJURY OCCU	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH D. M.	AY YEAR	21f. LOCATION		ED (ENTER NATU	RE OF INJURY IN I	-	ORPART 2)			
W	WHILE NOT V	VHILE	(AT HOME STR	EET FACTORY, OFFICE, F	ARM ETC)	STREET		21	CITY OR TOWN		COUNTY	ST	TATE	
	220. I certify that (sow the dececobove, (I) (wa) 22b. SIGNATURE 22d. PHYSICIAN'S N ROBERT	(did) (did not) NAME (TYPE OR: B. KRO	View the body	M.D.	8.3, or	22e. ADDRESS	TENDING HYSICIAN 205 E	MEDICAL DIRECTOR D BALTIMO BURNIE	STAFF PHYSICIAN RE-ANN MARY	□ APOLI	22c. BATE	SIGNED		
	Burial, CREMATION	I, REMOVAL	3/5/83			EMETERY OR CE		23d. LOCAT	ION R TOWN		OUNTY		TATE M.	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be defoched for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather troumatic event, th

George J. Gonce F.H. 4001 Ritchie Hgwy.

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

MAR 4-198?

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1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 5 8 6 EST
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR 26. HOUR
	CHARLE		BROSH	MARCH	29, 1983 120 A
3. SEX	male	Wolile.	5. DATE OF BIRTH MONTH DAY PAR DAY PAR DAY DAY DAY DAY DAY DAY DAY D	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR ANNE ARI	COUNTY OF DEATH JNDEL COUNTY
王 //	TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSIL (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL		120. USUAL OCCUPATIO (TYPE OF WOOK FOR MOST OF	N 126. KIND OF BUSINESS (INDUSTRY
B HSUA		1 A Miller	E ASMISSION AND INSIDE CITY LIMITS T	13e STREET ALDERS	au Hole Rt
1241 FA	THERS NAME / White	MODIE 1457	13. MOTHER'S MAIDEN NA	lenous !	1451
To The W	VAS DECEASED EVER IN U.S. ARM	AED FORCES? IND. SOCIAL SECTION OF The 2005	0349 Roked Bl	anche ld	- Severa His
event, th	PART I. DEATH WAS CAUSED	y one couse per line forta), (b), ar BY: E CAUSE (a)	nonary Embol	lism	MTWEEN GROUT AND DEAD
olory, at other froumonic	/ 1/	DUE TO, SHAS A CONSEQUENCE (c)	ane chambian	24 5 007	Unknown
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CAL	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M	AY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
morked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
an is mor	220.1 certify that (I) (this hospit sow the deceased alive an	3- 20- 19.5		, to	e and haur and fram the couses stated
1 1 1	3. Pathma	nathan -	H.D. ATTENDING	MEDICAL STAFF	
MPORTA	224 PHYSICIAN'S NAME (TVPE OF	(Minci)	77e ADDRESS 32	5 HOSPITAL D	RIVE, SUITE 108
₹ 23e. 8	Demal Demal	3/3/1/2	NAME OF CEMETERY OF CREMAJORY	nous	elle AH n
1/82	June of Au	Lever lever	A DI LAP	R 4 1983	REGISTRAR'S SIGNATURE

THE RESULT OF PARTY AND LOSSES. TAKE Characontle Late Carrowell hit MARPE A 1983 John D. Garley

- STATE

REGISTRAR

(21227 Ralls Rd. (21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PASADENA, MARYLAND 21122 (SPECIFY) COUNTY STATE Burial Cem. Reager Va. Willis Chapel Balto., Md. 21225 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4) Ceorge I Conce E II hoos Dille IImes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

EST

8:45A M

IF UNDER 24 HRS.

2b. HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

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The same of the same of		L. P. Santa	TO SECOND
	P. CHAR WIFE		

10	FOR 1 - STATE	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	5 8 6 6
	REGISTRAR 1. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D	EST AY YEAR 26 HOUR
3	(TYPE OR PRINT) LINN	FRANKLIN	BURRALL	MARCH 7, 198	10
7)	3. SEX Male	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
275	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED NORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL COL	
154	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN [IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL	ADDRESS) HOSPITAL	120 USUAL OCCUPATION HAVE OF WORK FOR MOST OF WORKING LIFE ASPRALE DISE. OPE	126. KIND OF BUSINESS OR INDUSTRY
35		13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 124 Linden Rd.	21.061
0×20	Isaac	Burnal	15. MOTHER'S MAIDEN NA	MIDDLE	Mills
medicol	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 204-03-2	RITYNO. 17. INFORMANT 9	Burnall 124 Lind	en Rd.
to buriol, cremotion, or rei njury, or other troumotic ex	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	rom.	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
shows ony i	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
Mentol Hyg		TH HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT I OR PART 2)
ond	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
of He 21 is	sow the deceased alive on	tal) attended the deceased from 19.2 t) view the body after death.	, 19 , ond that in (my) (our) opinian	death accurred on the date and hour	9 , that (1) (we) lost and from the causes stated
ote Dept. VT: If Item	ATURE	Enol	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
with the Stote Dept.	RECEP EROL, M		22e ADDRESS	FAL RBIVE 218614	
3 ≧	238 BURIAL, CREMATION, REMOVAL	1 1	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Bunial	3/11/1983 U	nion Cemetery	Ma onnellsburg	Fulton Pa.
M 4/82 4)	Mc Cully F.H. Mor	intain & Tick New	Pasadena, Md. 1250. DA ck Rds. 21122 MA	TE REC'D. BY REGISTRAR	2 Course

DHMH - 16 50M 4/8: (VRA 15, 4)

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Land to that the second True danded y in write x 12 Lindon W. Bibit I -- Bir-1-207 Saterine C. Januari, 120 Lindon 18. the section of the section of Surject 3/11/1933 Union western reconvertibility, Fulton Dr. Fre fully to the contain the contest of the contest

8	1-	FOR STATE REGISTRAR	C		NT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	0	5 8	6 /
	TYPE	EASED NAME FIRST	MIDDLE	C.	ARPE	Nter	MARC	H 2	DAY YEAR 0, 1983	2b. HOUR 10 52 IF UNDER 24 HR
1.0	SEX FE	MALE	A. RACE BLACK		5. DATE OF	8 1888	6. AGE (IN YEARS LAST BIR'	YRS.	MONTHS DAYS	HOURS MIP
25		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO		MARRIED WIDOWED	NEVER MARRIED DIVORCED	ANNE ARUN	-		,
24		Y OR TOWN OF DEATH EN BURNIE	11. NAME OF HOSPITAL				12d. USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS C
ag sa p	MA	RYLAND 136. CO	OR OTHER INSTITUTION, GIVE RESIDE UNITY	POLTS		13d. INSIDE CITY LIMITS? YES NO	13-38 Fied asa	nt St	reet 2	21401
20	I. FA	THER'S NAME FIRST JOHN	MIDDLE	RRIS		IS. MOTHER'S MAIDEN NA FIRST ELIZA	WIDDLE		TLES LAST	r
16		AS DECEASED EVER IN U.S. ES. NOOR UNKNOWN) (14 YES.	ARMED FORCES? 16b. SOC GIVE WAR OR DATES)	IAL SECUR	ITY NO.	CAROL McFarl	and 1088 Ce	PALL	napolis idge S t	Md 21403
vs ony injury, or other troumone	CERTIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	T CONDITIONS CONTRIBUT	ING TO DE	ATH BUT N		20a. AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	NTH DAY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		PART 1 OR PART 2)	NO 🗌
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 210. PLACE OF INJUR (AT HOME, STREET, FACTOR		19 RM, ETC)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Firem 21 is morked	4	22a.1 certify that (I) (this had been the deceased alive above (I) (we) (did) (did	on MACH 1 on not) view the body ofter dea	d from		1 that in (my) (our) apinion EGREE	deoth occurred on the di		ur and from the c	SIGNED
MPORTANI:		Micheal Try	PEORPRINT)		à\.	ATTENDING PHYSICIAN E	DIRECTOR DHYSIC	IAN .	alt. M.	1.
₹ 2	3a. B	URIAL, CREMATION, REMOV				METERY OR CREMATORY MEM. PARK	23d. LOCATION CITY OF TOWN Baltimor	e	Marylar	dd. STATE
100		NERAL DIRECTOR LLTAM REESE	nnapolis. Md. SONS MORTUAR	2140 Y, P	01 A.	250. DA	TE REC'D. BY REGISTRAN	25b, REGIS	TRAR'S SIGNAT	URE

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MA	1	STATE OF MARYLAND
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The state of the s		REG. NO.
Estate m.c		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
Sale wit		GERALD SAMES COCCIEC S / 03 / 2 am
I na	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH DAY YEAR MONTHS DAYS HOURS MIN.
111015		Male 9828 54 YRS.
rh. T2 T2 P	7a. B	RTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
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201 irs offer by the filled wi	1.	MANOLU SIENOT IN SUCH EXCILITY, GIVE STREET ADDRESS PLANT (SEPTION SULVE FOR MORK FO
24 hou 213 and 213	13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 CITY OR TOWN 130 CITY OR TOWN
treky 2 sh	14. F.	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
MAi mple	1	Herman O. Collier Margaret Kramer
execut ond co oges I		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 4081 Water View by
TIMC		NO - 18/26/9220 Doris J. Collier Edgewater, mil 2103
BALT one l'one l'one l'opers val.		18 CAUSE OF DEATH (Enter only one couse per line for Ion, (b) and ICA
ST., B.		PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MOIASIAILE CAPCINOMA OF GALISTAGETY SMUNTHS
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dear dear		Conditions, if ony, which (b) (b)
N. Pl		couse ioi, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
ed by pleas		(c)
S, S, urregan	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
O P P P P P P P P P P P P P P P P P P P	A E	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
L REC L REC In. has b perm ane pr	CERTIFICATION	2/19/83 Obstructive Upundice YES NOT NO CERTIFYING CAUSES OF DEATH?
VITA NN: Th hysicio icote icote Transit Hygie	EE F	216, ACCIDENT WAS UNDERLYING 7 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	-	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
O AFR GIA	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
	₹	WHILE NOT WHILE AT WORK AT WORK
NDIN NO IN ON		22a.1 certify that (I) (this hospital) attempted the deceased from 1985, to 3/1/1, 1985, that (I) (we) lost
R ATTEN hospitol RECTOR ned for upt. of He		sow the deceased alive an 19 9, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
		226 SIGNATURE) / MARA 1 / DEGREE 226 DATE SIGNED
		16 m 4. 11/64 // ATTENDING MEDICAL STAFF BYSICIAN DIRECTOR PHYSICIAN 3/11/83
HOSPITAL inned by th FUNERAL by the State PORTANT:		22d. PHYSICIAN'S NAME (IVPE OR PRINT)
TO HOSE retained TO FUNI should b with the		win w. Manares, mis (103610011) round, 101110110 1101.
	230	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF OWN CONTY
BP	1	Surial Mari3, 1983 Lakemont Davidsonville H.H. MD
DHMH - 16 50M 4/82	24 1	UNERAL DIRECTOR ADDIFT ADDIF
(VRA 15, 4)		aylor luneral Chapel, florapolis, MD 11 1 3 1903 grands comings

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR

REGISTRAR

- STATE

(VR A 15 (4))

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injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

FOR

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEFARI	CERTIF	ICATE OF		OTENE	REG.	NO.			
	CEASED NAME	FIRST		MIDDLE	l	AST		2a. DA	TE OF DEATH		DAY YEA	R 2b HC	
LITPE	OR PRINT)	Theod	dore	Gloyd	Co	ok,	Sr.	4.0	March	18,	1983	9	3 PM
3. SE)	(-	4. RACE		S. DATE C		45.0	6. AGE	(IN YEARS LAST	BIRTHDAY)	MONTHS D	EAR IF UND	ER 24 HRS
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	Marylan	d	U	.S.A.	WIDOWE		DIVORCED [nne A	rund	el Co	unty,	MD.
10. CT	TY OR TOWN OF D	EATH		F HOSPITAL, NURSI		ROTHER IN		12a. US	UAL OCCUPA	ATION	12b. KIN INDUS	D OF BUSIN	NESS OR
	len Bur		7845	America	na Ci	rcle	• 12)		laiter			s Res	
HUSUA 13a. S	AL RESIDENCE (IF N	13b. COUN	OTHER INSTITUTION	134. CITY OR TO		13d. INSIDE	CITY LIMITS?	13e. STI	REET ADDRES	s (Ap	t. T2) 21(061
M	aryland	A	Α.	Glen B		YES 🗌	NO 🔀	7.8		eric		ircle	e
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN N	IAME	MIDDLE			LAST	
	Gloyd		Thoma		k		Carrie	9	Be	11	B	rundi	rett
	AS DECEASED EV		MED FORCES	? 16b. SOCIAL SEC	URITY NO.	17. INFOR	MANT (W	ife)	ADD	RESS: S	ame as	s # 1	3
	No		I/A	213.03.	6487	Mrs	Anni	e Ca	theri	ne Co	ook		
	18 CAUSE OF DE	ATH (Enter on	ly one couse p	per line for (a), (b), a	nd (c).)							ROXIMATE IN	TERVAL ND DEATH
	PART I. DEATH		D BY: E CAUSE (o)_	Respera	lan	aure	26	1 + 1		-22		5 zone	en .
	1619			OR AS A CONSEQU	JENICE OF	371	1	,	0				
	Conditions, if ony, which (b) Tradeal Hemanhage + Hemon							ronter	5		5 me	~ /	
	gove rise to couse (a), sta		DUETO	OR AS A CONSEQU	JENCE OF		0	,					
	underlying co	use lost.	(c)_	Resure	ent La	ung	sal C	are	rosna			2 10	2
_	PART 2 OTHER S	IGNIFICANT C	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	RMINALDI	SEASE OR CO	NOITION	SIVEN IN PAR	T 110	
CERTIFICATION													
ICA	190 DATE OF OPE	RATION	196. CON	DITION FOR WHIC	H OPERATIO	N WAS PER	FORMED	200	AUTOPSY?		YES, WERE FII RTIFYING CAU		
RTIF								YES			YES 🗌	NO	
	OR CONTRIBUTING			OF INJURY A.M. MONTH	DAY YEAR	21t. HOW	INJURY OCCU	JRRED (EN	TER NATURE OF IP	AJURY IN ITEM	18 PART 1 OR PAR	7 2)	
Q V	(IF EITHER, NOTIFY M	EDICAL EXAMINER		P.M.	19								
MEDICAL	21d. INJURY OCC			E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	21f. LOCA STR	TION		CITY OF	TOWN	COUNT	Y	STATE
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				the deceosed from	2	18	19	3, 10.	3/18		19_8-	2_, that (I)	(We) ost
	sow the deco	ased olive on, (did) (did no) view the bot	dy ofter death.	2		(our) opinio	n deoth oc	curred on the	dote and h			
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	WY	n CC	Calley	listo 10	10		PHYSICIAN	DIREC	TOR PHY	SICIAN	21	MAR	. 83
	22d. PHYSICIAN'S		1)		22e ADDR	ess 3r	d F1	. Tow	er B	uildi:	ng	
	Dr. Wi	lliam	Water	field		St.	Agnes	Hos	pital	/Bal	timor	e, MI).
23a. B	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23 c.	NAME OF C	EMETERY O	RCREMATORY	y 23d.	LOCATION CITY OF TOWN		COUNTY		STATE
	Bur	ial	221N	far . 83 G	len H	arron	Mom D	1-	Glen_			7	MD.
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24. FU	INERAL DIRECTOR	98 1	960	1 -	G1en		25a. D		BY REGISTR		ISTRAR'S SIG	NATURE	A

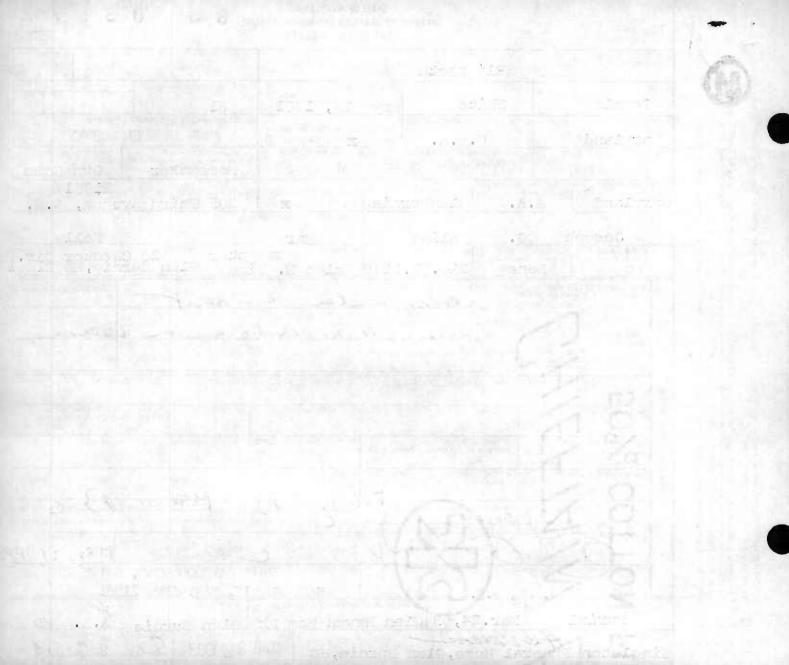
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Singleton Funeral Home, Glen Burnie, MD

(VRA 15, 4)



8		1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 5	8 7 3
M			CEASED NAME FIRST COLUMN X	M. Crer	NULL 15. DATE OF BIRTH	20. DATE OF DEATH	3-13-8:	2b. HOUR 3 1/25 M
oge 4 m	urs of		F	WHITE	MONTH DAY VE	26 56	YRS.	DAYS HOURS MIN.
deoth. Po	at once.	70. 1	IRTHPLACE (STATE OR FOREIGN 7b, CITIZ COLIVE)?	ISA	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	HUNE	HEUW D	EL MD.
to ofter of the fu	filed with	3 1/	NUAPOLIS 11. NA		G HOME OR OTHER INSTITUTIO (DDRESS)	HOUSEL	TION PROJECT 126. K	CIND OF BUSINESS OR
ARYLAND 2120 within 24 hours lettely filled in by	apple 18/	13a	AL RESIDENCE (IF NURSING HOME OR OTHER INS STATED.	TITUTION, WE RESIDENCE BEFORE	13d. INSIDE CITY LIM	AITS? 13. STREET APPRES.	DE COUR	De 21403
MARYL, ed withir	ond 2 sh	14. F	ATHER'S NAME FIRST MIDDLE	MuroHV	15. MONIER'S MAIO	MIDDLE	COM	eEY
IMORE,	Poges 1	160	WAS DECEASED EVER IN U.S. ARMED FOI YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR I		6194 W. EUN	LEDY CROML	ress III	#13
T., BALTI	movof.		18 CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI	(PARIMO	na of osca	rosus w	; Oh (86)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
201 W. PRESTON ST es that the death certi	ve corbo on, or re umotic e		1500	TO, OR AS A CONSEQUE	NCE OF STORES to	the Trach	ea	
W. PRE	cremoti other tro		gove rise to immediate	ETO, OR AS A CONSEQUE	NCE OF			
	hen plec to burial njury, or	N.	PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PA	ART No
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r oftending physicion.	ws o	CERTIFICATION	3-8-83 T	CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
OF VITA	uriol-tronsit prental Hygier Hem 18 shov	77		TIME OF INJURY DUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PA	ART 2)
VISION S PHYSIC	the buring ond Mer	MEDICAL	21d. INJURY OCCURRED 21e.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR	TOWN COUN	NTY STATE
END o o	f Heofth		22a. I certify that (I) (this haspital) after sow the deceased alive on Ma		7 12, 22 , 19. 3 , ond that in (my) (83 , to Marz	, 19_0	, ((
L OR ATT	tached for e Dept. a		obove, (I) (worldid) (did wor) view 11 220 SIGNATURE COMM M R. 1	ne body ofter death.	DEGREE	DING MEDICAL ST	AFF	DATE SIGNED 3 - 1.7-83
HOSPITA ined by	should be de with the Stat		2/d. PHYSICIAN S NAME (TYPE OR PRINT)	as but mo	22e ADDRESS	Chant Any	VAND !!	Md. 10401
of reform	Shaw MM—	230	BURIAL, CRÉMA ION, REMOVAL 236. D	TIE 92 13ch	AME OF CEMETERY OR CREMA	ATORY 23d LOCATION CITY OR TOWN	Dy	1 Ma
BP	50M 4/82	24	UNERAL DIRECTOR	Olla ADDRA	MINCONU H.	250. DATE REC'D. BY REGISTRA MAR 1 5 1983	AR 26 REGISTRAR'S SI	IGNATURE COLUMN
(VRA	15, 4)	11	TYLOR TUNEERLL	HAPEL HU	DAHOUS, 11.D.	1411 11 2 0 1000	4	4

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WILLIAM REESE & SONS MORTUARY, P.A

(VRA 15, 4)

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od and	3. SE	× Female	4. RACE White		5. DATE C	OA'	189
O W :35	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	NOV. 8. MARRIEI WIDOWE	D NEVI	ER MA
offer of with the filled with		ITY OR TOWN OF DEATH EN BURNIE	11. NAME OF H (IF NOT IN SUCI NORTH	OSPITAL, NURSIN H FACILITY, GIVE STREET ARUNDEL	G HOME O	TAL	NSTIT
E 20 15 0	130. 5	ALRESIDENCE (IF NURSING HOME OR STATE 13b. COUN Cryland Anne		give residence before 13c. CITY OR TOW Pasadena	N I	13d. INSID	E CITY
ored within 24 h completely filled 1 and 2 should it	14. FA	THER'S NAME Charles	MIDDLE	Gaunt		15. MOTH M a	er's a ay ^{fir}
ALTIMORE, te be executed be executed by the property of the medical the medica		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218-18-0		Mrs.	Ma
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIN NG PHYSICIAN: The low requires that the death certificate be ottending physician. Ifter this certificote has been signed by the ottending physician as the burial-transit permit. Then please remove corban papers. P. thand Mental Hygiene prior to burial, cremation, or remaval. and death a shaws only injury, ar other traumatic event, the many death of the many control of t	z	PART I. DEATH WAS CAUSE IMMEDIAT 4100 Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUE	NCE OF	MOT RELA	Tro Ted To
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PER	RFORA
DIVISION OF VITAL RECO	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CONCRUBED TO CAUSE OF DEA		M. MONTH DA M.	Y YEAR	21c. HOW	
DIVISION DING PHY or attendia After this se as the bu	WE	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC)		REET
O HOSPITAL OR ATTENDING PHERONED by the hospital or aften TO FUNERAL DIRECTOR. After the should be detoched for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked or		22a. I certify that (I) (this hosping sow the deceased alive an obove, (I) (was total) (did not 22b. SCNAURE 22d. PHYSICIAN'S NAME (TYPE OCHACKUMKAL V.	I view the bigging	M.D.	p	d that in (r DEGREE	ATT PH RESS
BP		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE Mar. 11.		resbw		

Howard K. McComas III, Abingdon, Md. 21009

FOR

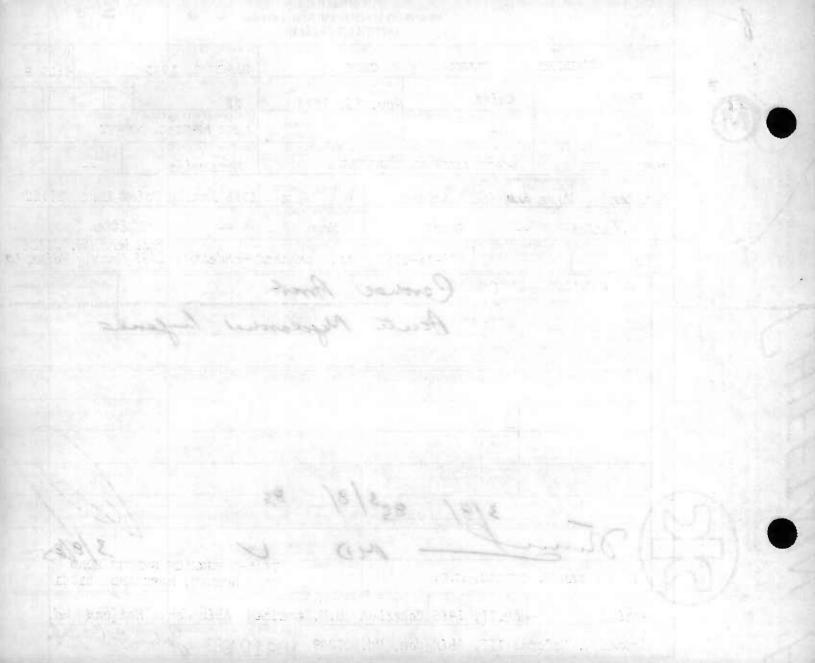
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DECEASED NAME

- STATE

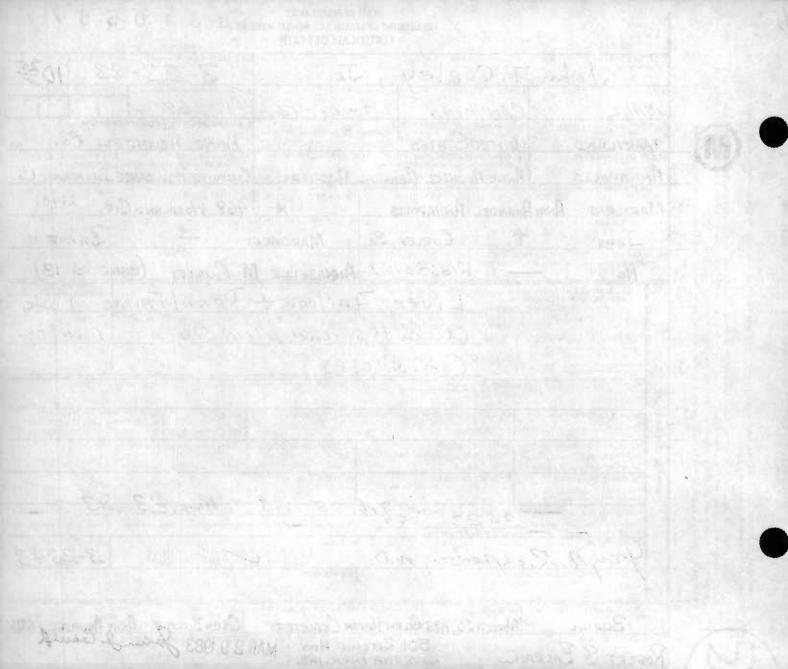
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH EST REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR MARCH 8, 1983 4:20 PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 88 9 BALTIMORE CITY OR COUNTY OF DEATH ARRIED _ ANNE ARUNDEL COUNTY RCED X UTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife . STREET ADDRESS 785 Marshy Point Lane LIMITS? 21122 10 X AAIDEN NAME Whitten LAST ADDRESPasadena, Md. 21122 ty, 2785 Marshy Point La raaret Hardestu. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T IRY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN ur) opinion death occurred on the date and hour and from the causes stated TIL DATESIGNED TENDING MEDICAL STAFF 7445-A FURNACE BRANCH ROAD 21061 GLEN BURNIE, MARYLAND EMATORY 23d LOCATION Abingdon Mar. 11, 1983 Cokesbury U.M. Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)



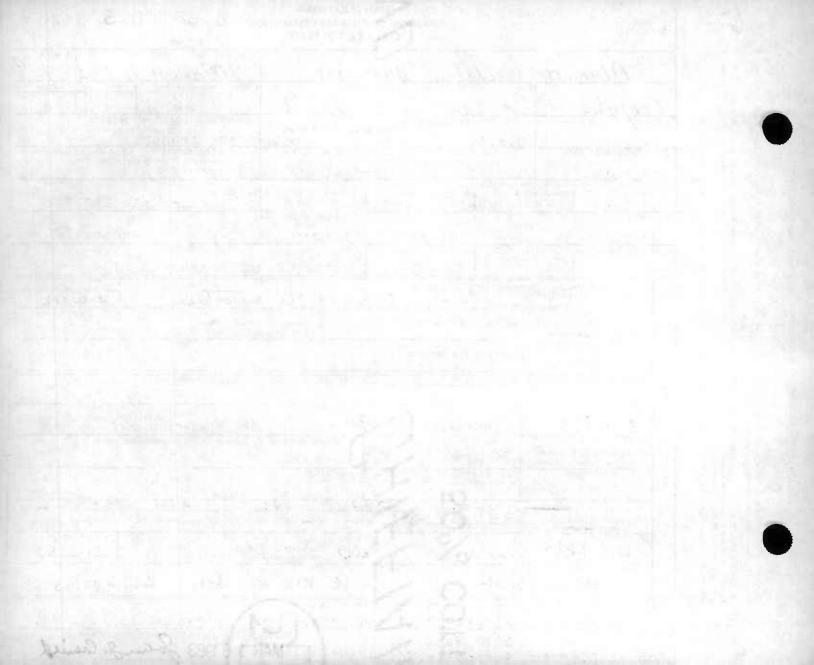
2/					STATE OF MARYLAND	CB 4.	05 8 7 0
27-1		1.	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL HY	GIENE O	0 3 0 7
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			EASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 2b. HOUR
	e Pe	{TYPE	Charles	V	Culhertson	3	20 83 400
	perg perg	3. SEX		14. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY	1) IF UNGER I YEAR IF UNDER 24 HRS
	16 72		Male	WHITE	MONTH DAY YEAR	59	MONTHS DAYS HOURS MIN.
	6 4 4	7a R 10	THPLACE (SEATE OR FOREIGN	76. CITIZEN OF WHAT COU	12 26 23	9. BALTIMORE CITY OR CO	YRS.
	- TAB		OUNTRY 7	1100	MARRIED WEVER MARRIED	1 1/	
	S FIMIL	10.00	01110	U.J.M.	WIDOWED DIVORCED		RUNDEC MD.
	i 1	1	Y OR TOWN OF DEATH	MOT IN SUCH FACTOR, GIV	JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	RKING LIFE) INDUSTRY
102	rs o	HI	INAPOLIS		NDEL GEN. HOSP	DATETY ENGLI	NECH MERIOTI CORP,
MARYLAND 2120	Poor Poor	USUA 13a. S	L RESIDENCE (IF NURSING HOME O		E BEFORE ADMISSION) R TOWN / 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1 1 21403
QN	CG 6 54		MD. H	. H. HNNI	PPO/IST YES NO X	1530 GOF	don Cove Dr.
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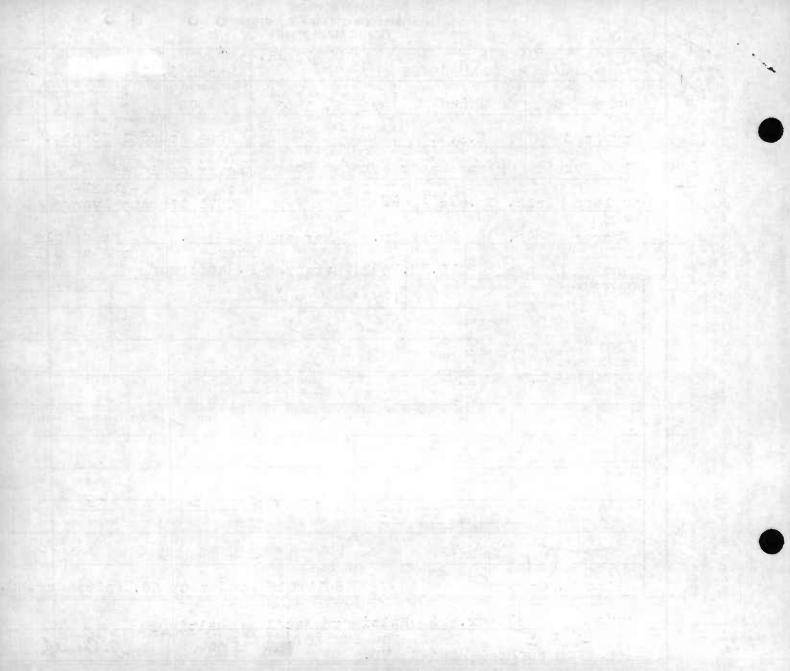
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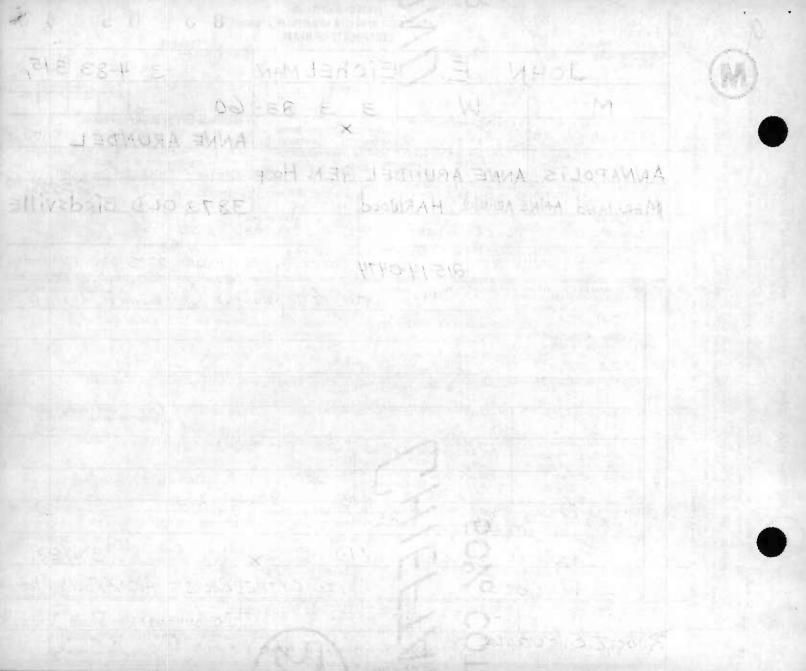
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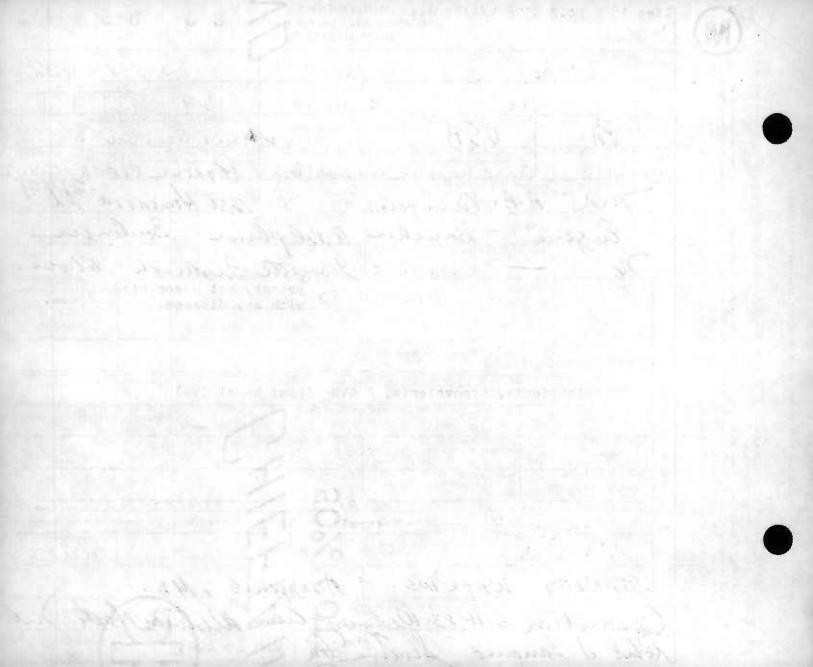
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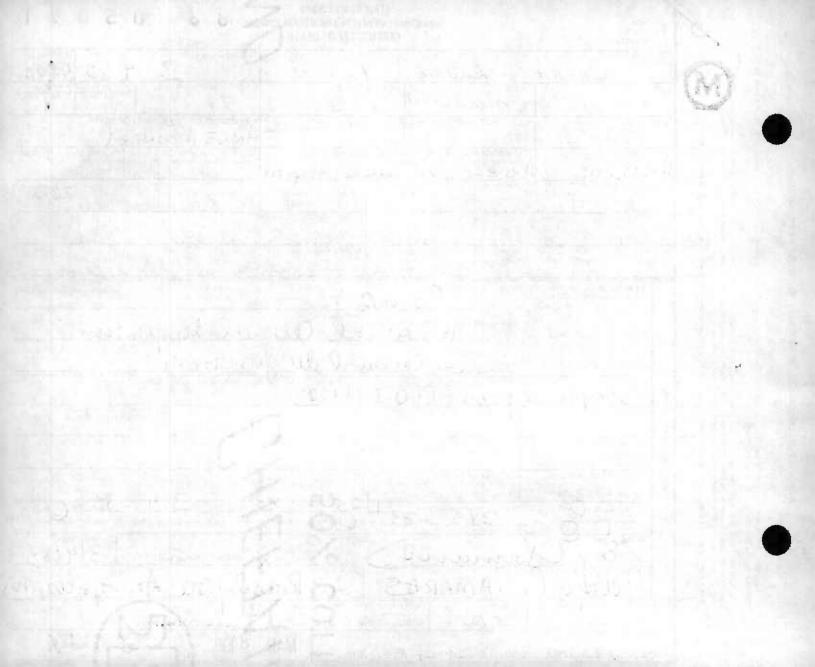
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



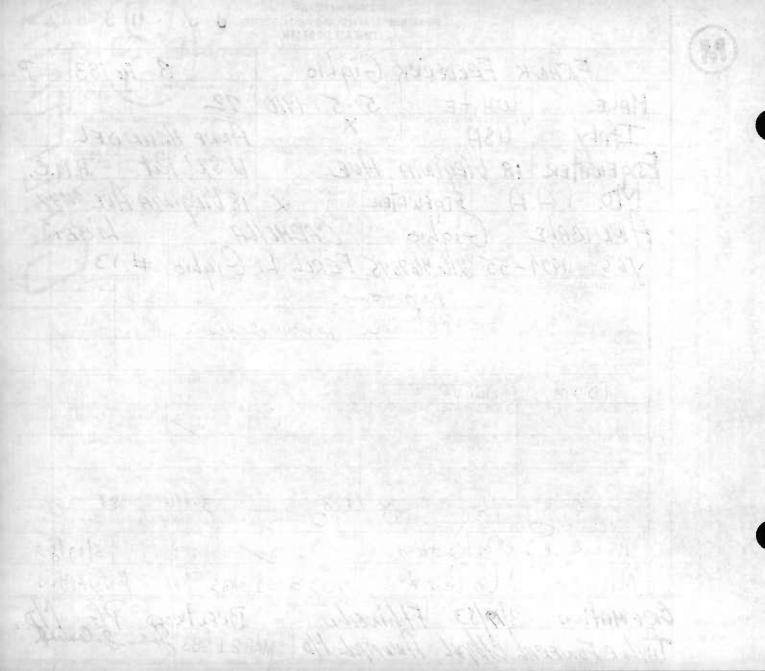
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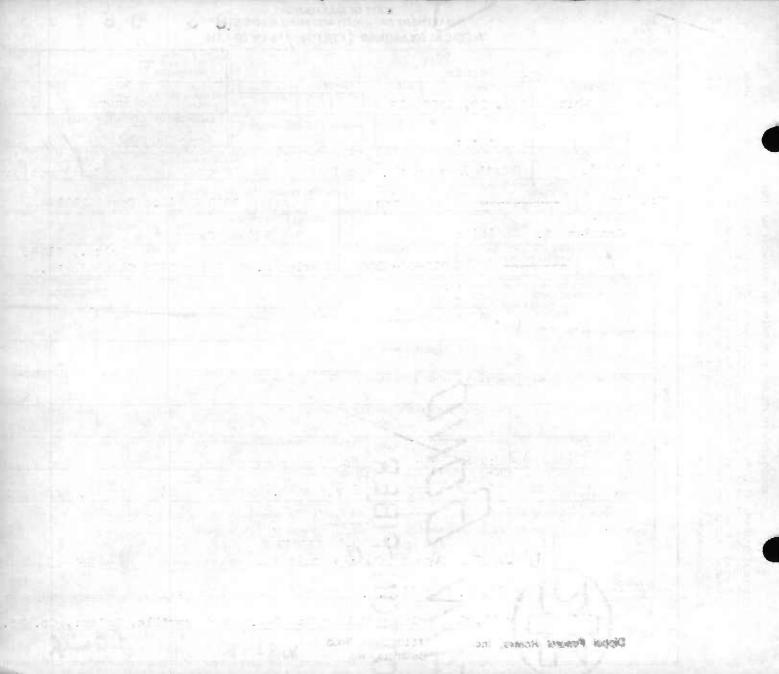
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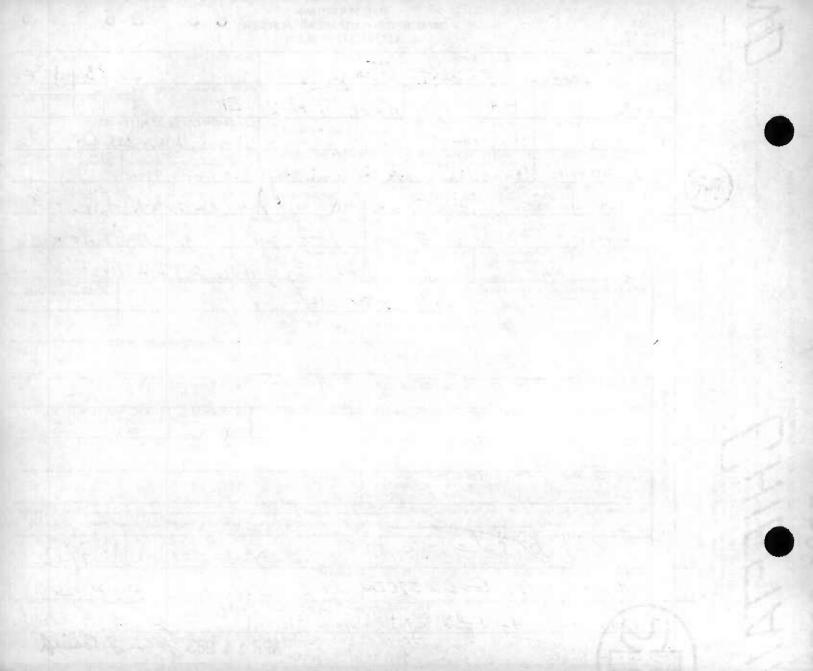
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BP	A		BUT A L	VAL 236. DATE 4-83 2	3. NAME OF CEMETERY OR CREATER	hurch "	CATION ITY OR TOWN	L A	Milate
HMH - 16 50M 4/82 (VRA 15. 4)	- 4	4. FU	NERAL DIRECTOR	III 1933 2 ADDITES	F Droll Dan	APR 1 1	REGISTRARIUM REG	ISTRAR SIGNATU	med.



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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MPORTANT:

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STATE REGISTRAR

DECEASED NAME

Male

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Burial

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3. SEX

FIRST

THOMAS

4. RACE

(IF YES, GIVE WAR OR DATES)

	0	STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	NE 8	DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

YEAR

1892

STATE OF MARKET BALLS	
EPARTMENT OF HEALTH AND MENTAL HYC	SIENE
CERTIFICATE OF DEATH	

HARRIGAN

5. DATE OF BIRTH

MONTH

2

REG. NO 20 DATE OF DEATH MONTH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) ATH

Md.

7 300 12 0	111111111	~	~ 10/~	1 /-		TRO			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED 1	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTYC	F DEATH		
Md.	U.S.A.	WIDOWED 3	DIVORCED	Anne	Arunde	el Co.			ME
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN-		ER INSTITUTION		OCCUPATION			OF BUSIN	VESS OR
liviera Bch.	8407 Echo Dr.			Air	Brake i	inspec	tor	B&0	R.R.
UAL RESIDENCE (IF NURSING HOME) STATE 136 COL	DROTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOWN		ISIDE CITY LIMITS?		ADDRESS				

R.

0	MQ.	A.A.	graters pen.	AE2 NO [X	OTU ECHO Dr.	(21122)
	14 FATHER'S NAME			15. MOTHER'S MAIDEN NAME		
	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
)	William		Harrigan			Jones
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	

No Annetta Harrigan (same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Z

RTIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDI	NGS USED S OF DEATH?
CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1 OR PART 2)	
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (A1 HOME STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceosed olive on, and that in (my) (our) opinion death accurred on the date and hour and Iram the causes stated

obave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED EDICAL ATTENDING STAFF

cem.

nus. PHYSICIAN DIRECTOR PHYSICIAN 2d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Howay 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) Baltimore COUNTY

New Cathedra 24 FUNERAL DIRECTOR Balto., Md.

George J. Gonce F.H. 4001 Ritchie Howy

83

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

FUNERAL DIRECTOR

Cattage - - Green Town | Property | Green Land Village | Cattage | A CP1 or other the Methods (1975 - 19-19) Lands governing danst Contract that when I Mayor Breeze Condition of the St. D. Sanson The state of the s Some hand of Workshood and with the second of the second o Souther L. Hewrick was I.E. Kondall St 2128

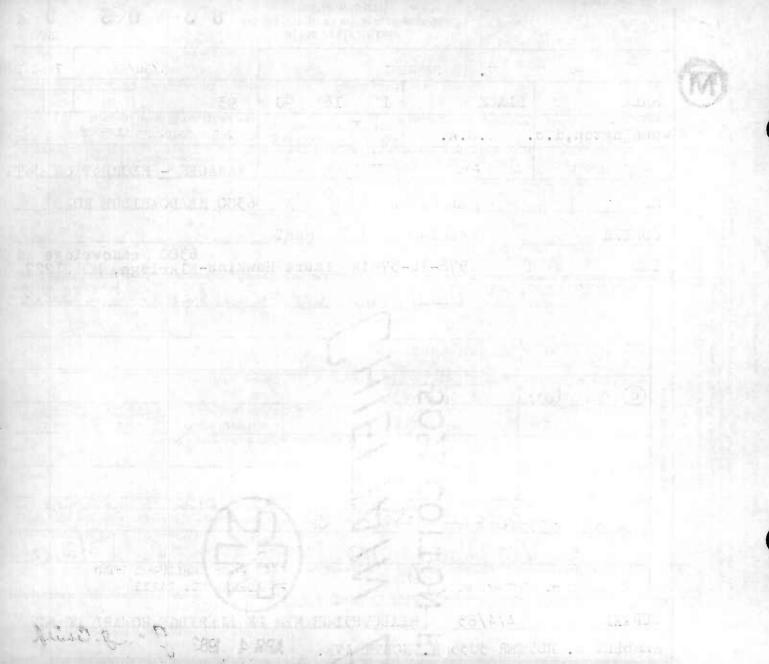
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(VRA 15, 4)

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BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

cremotion, or removal.

5#	1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE	8 3 REG. 1	O	5 5) O	3 ST
	1. DECEASED NAME FIRST (TYPE OR PRINT)			MIDDLE LAST				20. DA	ATE OF DEATH		DAY YEAR	2b. HOU	JR
		Lt	EWIS	RANDOLPH HEISE					MARCH 20, 1983 605 A				
	3 SEX Male			4 RACE White		5. DATE OF BIRTH Dec. 11, 1897			(IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER	MIN.
283	70. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) Va.			CITIZEN OF WHAT COUNTRY?		8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY MD				
54	10 C	GLEN BURNIE	NAME OF H	ARUNDEL		TAL	120 US	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Engineer Industry General Elect					
35		AL RESIDENCE (IF NURSING STATE		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Pasadena	N I	13d INSIDE CITY LIMITS? YES NO 🎇		13e STREET ADDRESS 1930 Cedar Rd. (21122)				-	
20	L	ATHER'S NAME FIRST Ludwig	MID G		Heise		Anna FIRST	AME	Belle		Bond	ay	
l medico	160 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WAY YES WWII										Be)		
, or other troumotic event, th		PART I. DEATH WAS 4300 Conditions, if ony, v gove rise to imme- couse (o), stating underlying couse	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUIL TO, OR AS A CONSEQUENCE OF (d) DUIL TO, OR AS A CONSEQUENCE OF							DEATH			
Sony milary	MEDICAL CERTIFICATION	190. DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,						S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
morked or Item 18 snow		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. IN JURY OCCURRE) WHILE NOT WHILE AT WORK 22g. certify that (1) (1)	USE OF DEATH EXAMINER)	P.A 21e. PLACE ((AT HOME, STRI	A. MONTH DA A. DE INJURY EET, FACTORY, OFFICE, FA	19	211. LOCATION STREET	YES		YE URY IN ITEM 18. P	s 🗌	NO [

nd that I (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING STAFF PHYSICIAN PHYSICIAN 22e ADDRESS 3/23/83

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the 236 BURIAL, CREMATION, REMOVAL BURIAL

George

230 NAME OF CEMETERY OR CREMATORY New Catherral Cem.

23d. LOCATION Baltimore

COUNTY STATE

24 FUNERAL DIRECTOR Balto., Md.

Gonce F. H. 4001 Ritchie Howy

William Town States Althor many spiece A water to the and the second of the second o the property of the property 61 (1/2-10)

	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		O. NO.	5 9	0 4
		CEASED NAME OR PRINT)	PERST Wis		M.	11	enson	20. DATE OF DEATH	3-3	0-83	716 M
	3. SEX	EMALE	=	RACE BLACK		5. DATE O		6. AGE (IN YEARS LAS	YRS.	MONTHS DAYS	IF UNDER DA HRS HOURS MIN.
2	VI	RIMPLACE (STATE OR F OUNTRY) RGINIA		U.S.A.		WIDOWE		ANUR (aleun	all	MD.
3	G	Map TOWN OF DEA	6	JIF NOT IN SUC	ACIDITY, GIVE STREET	OD TO	CUETULE HOSP	120 USUAL OCCUP (TYPE OF WORK FOR MC			BUSINESS OR
5	MAI	RYLAND	13b COUNTY A.A.	HER INSTITUTION.	AN NAPOL	is	13d INSIDE CITY LIMITS?		on Heigh	nts Apt	31
1	14. FA	THER'S NAME FIRST ROBER	T MID	DIE	McGhee	P.	FANNIE	MIDDL		WILS	ON
		AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT ERNA HENSON	439, Boston	Anna Anna h Height	apolis,	Ma 21401
		PART I. DEATH W Conditions, if on, gove rise to imm cause (a), statin underlying couse	which mediate g the	DUE TO, OI	R AS A CONSEQUE	NCE OF		bal mets		BETWEEN ON	ATE INTERVAL USET AND DEATH
	ATION	PART 2. OTHER SIGN	(nan	ILMY UP	they be	15/17	NOT RELATED TO THE TERM LWAL N WAS PERFORMED	AINAL DISEASE OR CO	. 545	EN IN PART 110	CELIEED
jih.	CERTIFICATION					OFERATION		YES NO	IN CERTIFY YES	YING CAUSES C	
		210. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART 1 OR PART 2)	
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		22a.1 certify that (1) saw the decease above, (1) (we) (4	ed alive an	3	19		, 19 4 d that in (my) (our) apinion DEGREE	death occurred on the	e date and hour		
		THE SIGNATURE	11/1	1/2			ATTENDING PHYSICIAN		TAFF SICIAN []	3/3	?)

BP. DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buind-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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IMPORTANT: If them 21 is marked or them-48

24. FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

BURIAL

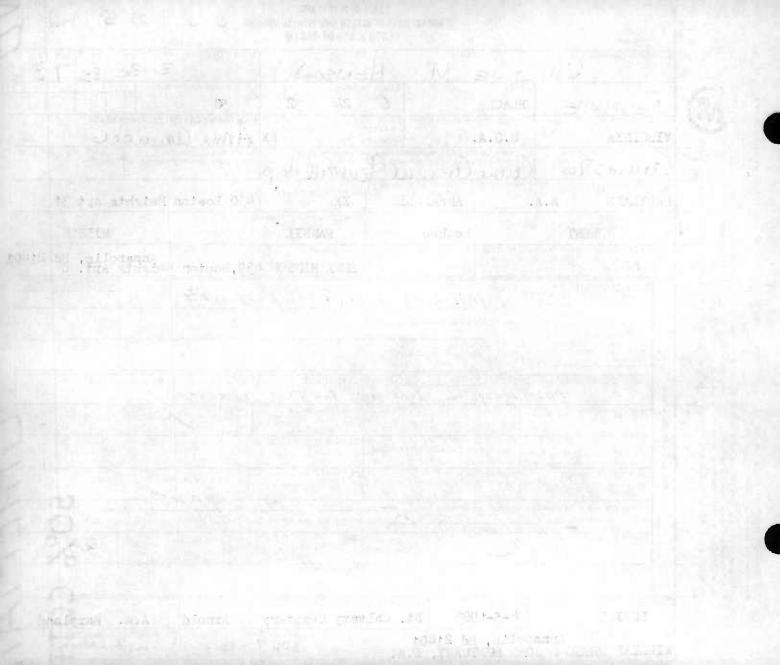
235 DATE 4-5-1983 23c NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery

22e ADDRESS

23d LOCATION
CITY OR TOWN
Arnold

Maryland A.A.

1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



INDUSTRY 132 STREET ADDRESS Road 2 GREEN BARBARA RAVENELL 4 Dogwood Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN [ANNAPOUS MO St. Margarets A.A. Maryland BURTAL 3-26-1983 ASBURY BROADNECK CEME BP. 250. DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Annapolis, Md. 21401 2. Carriel WILLIAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER 24 HRS

12h, KIND OF BUSINESS OR

22 83

IF UNDER 1 YEAR

ONTHS DAYS

DHMH - 16 50M 4/82

FOR

REGISTRAR

- STATE

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1		FOR - STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 5	9 0 6 EST
		ECEASED NAME FIRST PE OR PRINT) IRENE	MIDDLE		AST	2a. DATE OF DEATH		YEAR ?b. HOUR
	3. SE		NAOMI 14 RACE	HERBE 5. DATE O	AE BIDTH	MARCH 6 AGE (IN YEARS LAST BIR		983 0950 PM
	L	Female	White	Dec	ember 18, 1909	73	YRS.	DATS HOURS MIN.
37		BIRTHPLACE ISTATE OR FOREIGN CONTRY) Maryland	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	RUNDEL CO	
10 officed	10 0	GLEN BURNIE	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH EACHITY, GIVE STR NORTH ARUNDE	EET ADDRESS)		TYPE OF WORK FOR MOST OF	F WORKING LIFE) ANE	KIND OF BUSINESS OR DUSTRY
er must be	130.		or other institution give residence ber Arundel Pasad	ore admission) one wn ena	13d. INSIDE CITY LIMITS?	4864 Mount	rin Road	21122
) x 21		ATHER'S NAME Edward	MIDDLE MIL	Us	Edith	WE	W	Iden
medicol	16a \	WAS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST	5020	Mr. Frederic	R Henbe 486		in Rd. 21122
s ony injury, or other troumotic ev	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	, (c)	QUENCE OF COLLEGE OF C	Pusa- NOT RELATED TO THE TERMI	attade NAL DISEASE OR CONT LA MULLIN 200 AUTOPSY?	20b. IF YES, WER	PART 110 A CLASSACE FINDINGS USED AUSES OF DEATH?
Show	ERTI	?1a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. HOW INTURY OCCUPA	YES NO	YES [NO 🗌
tem 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR	PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN CO	UNIY STATE
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¥		Mines	11 seralle	un		MEDICAL STAF	F IAN .	3/7/83
MPORTA	N.		JAMIN, M.D.		731 GLEN BIRN	O RITCHIE H		EMPIRE TOWE
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/7/83 23	Len Ha	ven Men, Park	Glen Burn		Trundel Md.
/B1	24 FI	ountain and Tie	lly Funeral Home ck Neck Rds. Pas			REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATURE

8 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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JAMES J. SENTANDEN, M.D. GLEN BURNIE MARYLAND 21051

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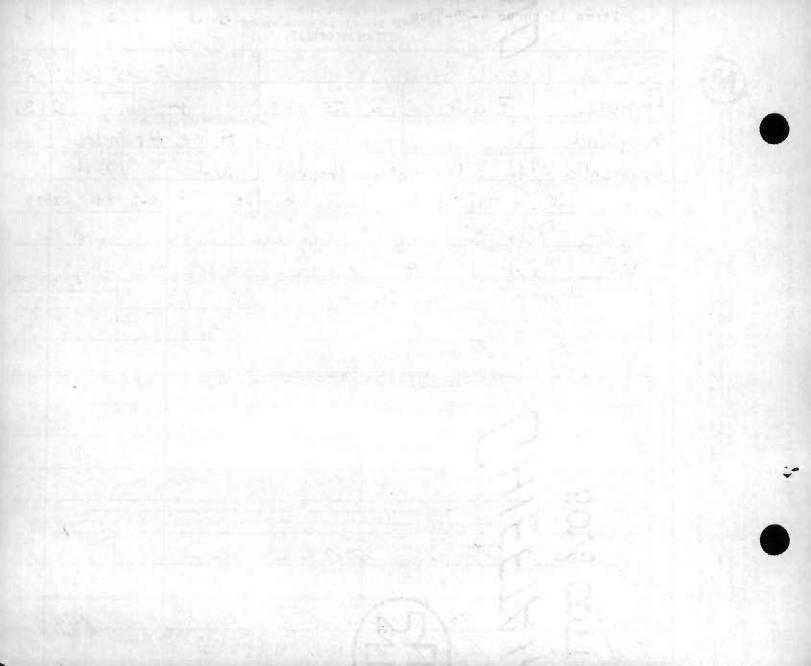
Singleton Funeral Home, Glen Burnie, MD

STATE OF MARYLAND

FOR

(VRA 15, 4)

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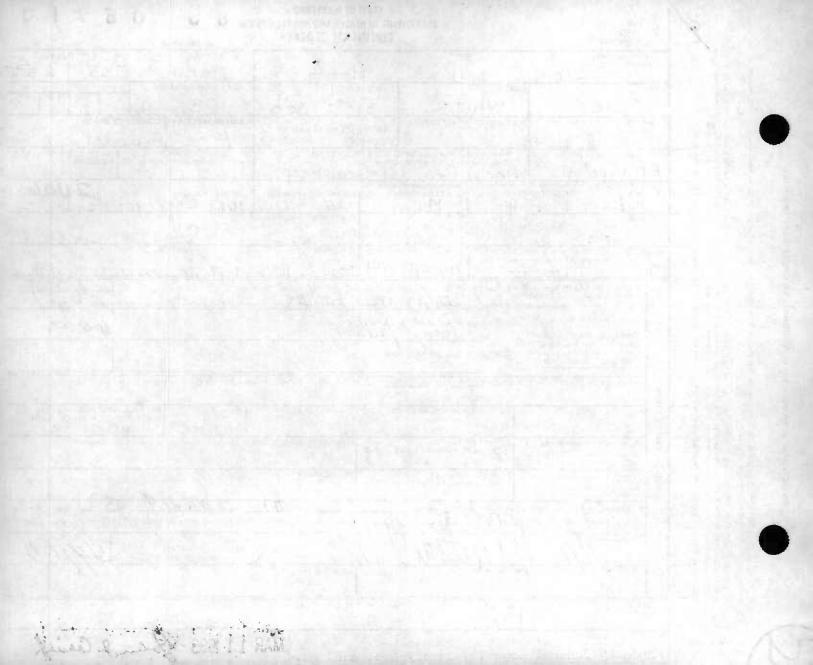
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2	-341	1.	REGISTRAR		MED	ICAL EXAMIN	ER'S CI	ERTIFICATE OF	DEATH REG. NO	0	CALL LOSS IN THE
			CEASED NAME	JO:	UNI	MIDDLE	L	AST HILL	20. DATE KNOWN		YEAR 25 HOUR
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	SEE EE	2.00	Link	IONN		AMON		14144	DEATH MATED	-5 25 19	83 17 M
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100	张·蒙· 二	_	ITY OR TOWN OF DE	ATH 11	NAME OF HOSPI	TAL, NURSING HOME					OF BUSINESS
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	200 A	12	en DOR.			. AKUNDE	69	aspi /aL	Dispatcher	Air.	Limo
-	203000	13g. S	AL RESIDENCE (IF IN NI	ITSING HOME OR OT	HER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN	II)	34 INSIDE CITY LIMITS? 13e.	STREET ADDRESS	(2	1090)
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24	# Me 8 4	-	ATHER'S NAME					15. MOTHER'S MAIDEN N			
2	4 298)20		FIRST	M	IDDLE	LAST		FIRST	WIDDLE	LAS	
2	05849 -	14. 3	John VAS DECEASED EVER	INTEL ABOUT	5000500	Hill	110	Catheri			nown)
Mo	No. S. S. S. S.	100. 1	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	166. SOCIAL SECURITY	NO.	7. INFORMANT -WI	fe- ADDRESS	Same a	s # 13
5	444494 A		Yes	W.W	. II	216-01-8	41 2A	Mrs. Delm	ar G. Hill		
3	8 × 4 0		18. CAUSE OF DEA	TH (Enter anly a	ne cause per line fo	ar (a), (b), and (c)		./. /	-11	1	OXIMATE INTERVAL N ONSET AND DEATH
ts.	# # B # #		PART I DEATH V	AS CAUSED BY MMEDIATE C		(1)	1. F	Konnest	toline!	12	N CHISET AND DEATH
8	25559	100	4781) IMMEDIATE C		S A CONSEQUENCE O	F	()	MIJORO	1	
2	EZ SEZ		Canditians, if	any, which							
- A	MA TAL		gave rise ta	immediate	(b)						
3	SE S		cause (a) stating		DUE TO, OR A	S A CONSEQUENCE C	F				
30	N EX BEIN		100		(c)						
98,	852540		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE (OR CONDITION GIVEN IN PART E	0).		
80	#555EA	Z	10 P. C. S.		31-1-1						
38	34 0 4 4 F	CERTIFICATION	19a. DATE OF OPER	ATION	1196. CONDITIO	ON FOR WHICH OPER	ATION WA	S PERFORMED?		20. AUT	OPSV2
*	O DE LE CO	5									
5	20 M - 5	T E	21a. EXTERNAL CAU	CEVAC	TALL TIME OF I		Y				NO
0	A THE PART OF THE		UNDERLYING		HOUR A.M.	NJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
Z O	SECONT.	3	CONTRIBUTING		TH P.M.	19					
S	E S S S S S S S S S S S S S S S S S S S	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE OF	INJURY (AT HOME,	21f. LOC				
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	TA NAME OF THE	100	AT WORK AT V	ORK							
	2 4 5 5 4 E		220. I certify that	I taak charge at	remains descri	bed abave, held an	Autapsy	Inspection	Inquiry . an	nd in my apinian	
	A TOTA	100	death resulted from	Phylosophia	ghes , A	ccident , Sui	ide	Hamicide . U	ndetermined manner		
100	ERT NATION OF THE PARTY OF THE		/	9//	1			TITLE (SPECIFY)			
Manager	WUDGE S		SIGNATURE	579	hall.		A4 D	0 /6	MEDICAL EVALUED	DATE . ? ,	483
	NERAL SPECAL SORE N		C C	11	7.0		741.0	-	MEDICAL EXAMINER	SIGNED	
	SE SES		EXAMINER'S NAME	61	mana	2		0 2	nolina	- 1 1 - 1	1 -
	TAGE AFTER	20. 5	(TYPE OR PRINT)		NAME		AI	DDRESS AT WWW	UOIIS- MA	ray /en c	
	FUEF48	23a.B	URIAL, CREMATION, F			23c. NAME OF CEM			d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		BURIA		MAR. 83	MD. VET	ERAN:	S CEMETERY	CROWNSVIL		
	DHMH - 17	24. F	UNERAL DIRECTOR	X-131	hericass	GLEN BU	RNTE	250 DATE REC'I	BY REGISTRAR 736. REG	ISTRAP'S SISNATUR	10
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STATE OF MARYLAND

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Hardesty Funeral Home 12 Ridgely Ave. Ann. Md

(VRA 15, 4)



1-				STATE OF MARYLAND	0 7 (1 2 0 1 1
1	1	FOR - STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE O	
	1.	REGISTRAR		CERTIFICATE OF DEATH	250 410	
	1.0	ECEASED NAME FIRST	MIDDLE	. LAST	REG. NO.	DAY YEAR 12h HOUR
partie 4		PE OR PRINT)	. 1 /	Hankling	IN DATE OF BEATH	MON YEAR 26. HOUR
(De la Colonia			vorth L.	TOPKINS	3	8-83 1/ PM
(15/7E)	3. 8	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHQAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
-		MOLE	WHITE	10-03-00	62 YR	
4 30 34	An.	BIRTHPLACE (STATE OF FOREIGN	16. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
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1 23 27	-d "λ	CITY OR TOWN OF DEATH	A (IF NOT IN SUCH FACILITY, OIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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\$ 1 1 Cld	-/	EDGAR EE	NEST HOOKI	US MAR	Y	HUDE_
# 0 pf d	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC AL SEC	URITY NO. W INFORMANT	ADDRESS	17
DE STORY		TES. NO DINAMONAL TIP TES. OF	1 20	3144 MADELINE	CHAUEV #	13
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15 to 100		I MMEDIA	TE CAUSE (a)	Cypma		(owns
No 4 78 8 9		1 1717	DUE TO, OR AS A CONSEQU	ENCE OF		
20 de 11 de 12		Canditians, if ony, which	((b)			
* 1 111		gave rise ta Immediate cause (a), stating the	3 245 70 00 46 4 604 650	ENGE OF		
* 5 510 f		underlying cause last	DUE TO, OR AS A CONSEQU	DENCE OF		
9 THE 5		DART O OTHER SIGNIFICANT	(5)			
De the track	Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	SIVEN IN PART 110
00 - 00 -	CATION	90 DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED	I DO ALITODEVO IDOLIE	WES WEST SHIPPINGS WATER
Mary of the second	2 8	DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
A Santage	S III				YES NO	YES NO
> 34 00f H	3 2	210. ACCIDENT WAS UNDERLYING		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
9 Da tole 1	/ 3	OR CONTRIBUTING CAUSE OF DEA		19		
No de	×	21d. INJURY OCCURRED	210. PLACE OF INJURY	21f. LOCATION		
A de the part of t	1 2	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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Za gara			tal) attended the deceased from.	1960	, , , , , , , , , , , , , , , , , , , ,	
55 528 5		saw the deceased alive on above, (1) (we) (did) (did no	Tyview the body after death	, and that in (my) (aur) opinia	n death accurred on the date and I	laur and from the causes stated
FEER EX		27% SHONATURE	the and to	DEGREE		22c DAJE SIGNED
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	ti	URIAL, CREMATION, REMOVAL	100 / - / - 10	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	STATE
ВР	1	MRIAL	3/20/83 3	T. HUNES	HUUARWA	TH MD
DHMH - 16 50M 4/82	24	UNERAL DIRECTOR	all I work			ISTRAR SIGNATURE
(VRA 15, 4)	10	TYLOR LUWERAL	CHAPEL HU	UApolis ID. N	IAR 2 3 1983	my comment
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	1.	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. N	10		EST
		CEASED NAME FIRE		AIDDLE		AST CALL	20. DATE OF DEATH	MONIH D	AY YEAR	2b HOUR
-	3. SE.		JBINKA 4 RACE			OVICH	MARCH		1983	600 AM
(A)	3. SE.	Female	White		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BII	YRS.	FUNDER I YEAR	HOURS MIN.
3917	7a BI	RTHPLACE (STATE OR FOREIG TOUNTRY) Yugoslavia	7b. CITIZEN OF V	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O	RUNDEL		Y
164		GLEN BURNIE	NORTH	ARUNDEL	G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake)	OF WORKING LIFE		OF BUSINESS OR
35	Md	. 21061 A	one or other institution COUNTY nne Arunde	131. 611. 611. 611		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8 Main Av	re., S.	W.	21061
0.20		THER'S NAME FIRST	MIDDLE	Tomic:		15 MOTHER'S MAIDEN NAM Jelica	WE		Prel	ic
medical		VAS DECEASED EVER IN U. ES, NO OR UNKNOWN) (1F Y	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	166 SOCIAL SECU 218-92-	The state of	17. INFORMANT Vitomir Isai	lovich. Sa		item 1	3.
ent, the		18 CAUSE OF DEATH (En	ter anly ane cause per AUSED BY:	line far (a), (b), and		02000	cores			IMATÉ INTERVAL ONSET AND DEATH
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injury.	NOI	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CO	Tuby a	LO /	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0.
gaws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
hem 18 st		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.A	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT OR PART 2)	
rkedar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET FACTORY, OFFICE, FA	ARM, ETC I	21f LOCATION STREET	CITY OR TO	IWM	COUNTY	STATE
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VT: If Hen		22b. SIGNATUJE			2	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 8
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STATE OF MARYLAND

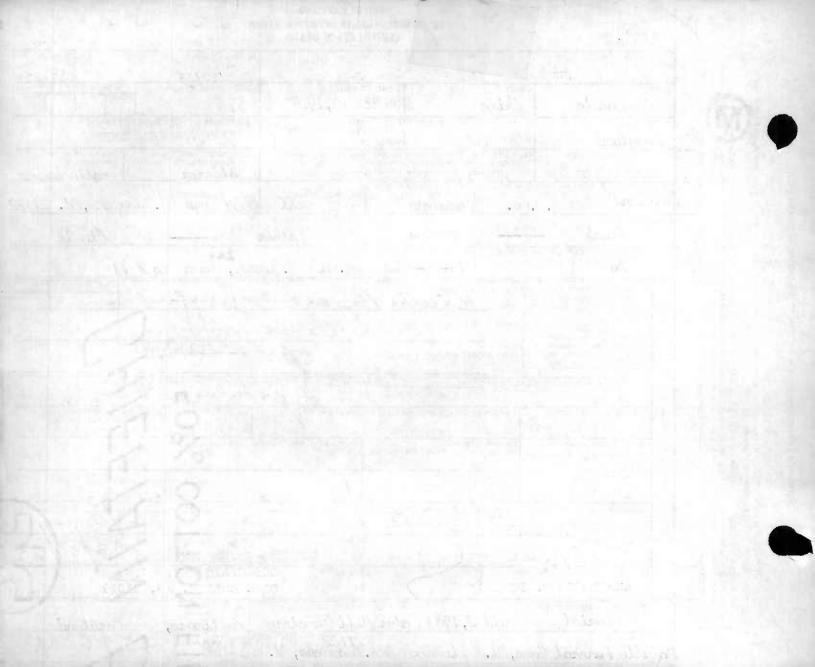
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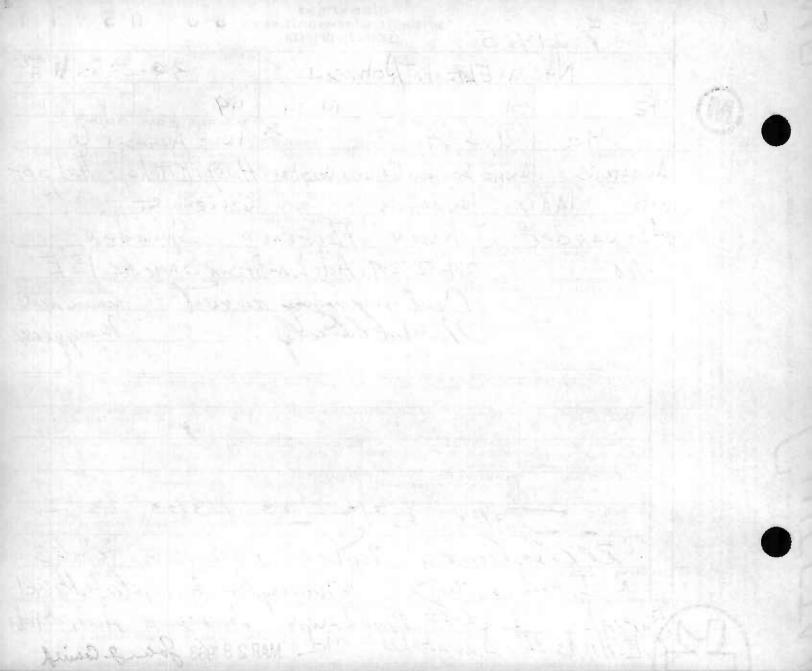
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10 FUNERAL DIRECTOR. After this certificate has been signed by the otherwing physician and completely filled in by the fund of person page. Acad the detached for use as the buriof-transf open. Then please remove carbon pages. Pages I and 2 should be filled within 102 hours in death.	10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.
	10 FLNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fund of period. Sould be detailed for use on the buriod-transit period. Then please remove carbon papers. Pages 1 and 2 should be liked within 22 Rains.

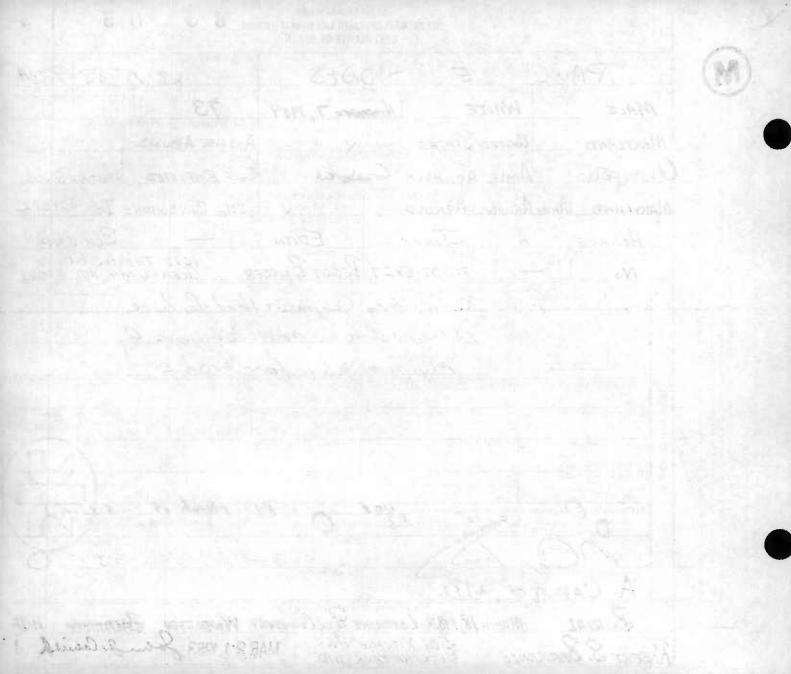
(VRA 15, 4)

V	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND AENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		5 9 1
1		CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	(TYPE	JUNE	LORRAINE	JAROSZ	3/30/83	11:4
	3. SE	Female	4. RACE White	5. Date of Birth March 10, 1924 AR	6. AGE (IN YEAR'S LAST BIRTHDAY) 59 YRS.	MONTHS DATS HOURS
35	A	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT ANNE ARUNDEL	
14	10. C	TY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEI	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINES INDUSTRY Westinohou
185	USU. 3a.	AL RESIDENCE (IF NURSING HOMEO TALE 136 COU A. F	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	sadena, Md. 2
10	14. FA	THER'S NAME Frank -	MIDDLE Phelps	15. MOTHER'S MAIDEN NA FIRST	ME	Hirkle
/sedico/		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 216-16-4	01.2 14 11 11	rusz, Same as #	13 APPROXIMATE INTERV
injury, ar other traumatic	NON	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO I	Le Card	Almaydisease or condition gi	VEN IN PART 1(a)
9	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO
9	1,000	2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) 211. LOCATION STREET	CITE DE TOWN 30	county st
nya 21 ta ma		220.1 certify that (I) (this hasp saw the deceased alive at above, (I) (we) (did*(did no the SIGNATURE	2/1-11/	, and that in (my) (aur) apinian DEGREE	death accurred an the date and ha	, that (I) (w ur and from the causes sta
-		1/1/	held	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	3759
ANTA	-	THE PHYSICIANIS NAME THE	OR PRINT!	220 ADDRESS 20	5 CRAIN HWY. S.	W.
PORTANIFA		ANASTACIO E.			05 CRAIN HWY. S. LEN BURNIE, MD. 2	





& a	1.	FOR - STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE C	REG. NO.	0 5	5 9	1 5
(M)		CEASED NAME FIRST PAUL		COOLE	JO S. DATE O	236		OF DEATH MONT	15	RYEAR PER LYEAR	PERMANE UNDER 24 HRS
Page 4 th director ours of		MALE IRTHPLACE (STATE OR FOREIGN	WHITE	/HAT COUNTRY?	Noven	OAY YEAR		73	YRS.	DAYS	HOURS MIN.
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icion and c icion and c icion and c icion and c	,	YES, NO OR UNKNOWN) (IF YES, GIV	-	217-07-5		PEGGY BOWS	SER	GLEN L		MO.	21061
equires that the death certifical signed by the attending phy: Then please remove carbonpal to burial, cremoting, or remove injury, or other traumatic event	NO	PART I. DEATH WAS CAUSE	DBY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE Myou	NCE OF SCLE NCE OF	Conquestion so hie con lial in fa	dis-	feeles	R		SEI AND UÇATH
The law ruicion. Ite has been asit permit. Gene prior	CERTIFICATION	190 DATE OF OPERATION			OPERATION	I WAS PERFORMED	200 AUT	NO IN C	IF YES, WER ERTIFYING YES [CAUSES O	SS USED F DEATH? NO
HYSICIAN: ading physicians certification burial-training them 18 or frem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE OUT WHILE	HOUR A.M P.M 21e PLACE O	. MONTH DA	Y YEAR 19	216 HOW INJURY OCCU 211 LOCATION STREET	RRED (ENTERN	CITY OR TOWN		DUNTY	STATE
ATTENDING spital or o CTOR. Afte I for use os of Health		220.1 certify that (1) this haspit saw the deceased alive on above (1) (we) (did) (did not	(2-10	19 8		that in(my)(our) opinion	n death occurr	Acreh 16 ed on the date on	d havr and f	rom the co	
PPITAL OR A VERAL DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR STORE DEPT.		226. SIGNATURE	R PRINT)	1	D	ATTENDING PHYSICIAN O	MEDICAL DIRECTO	STAFF PHYSICIAN		7-/6	GNED S
TO HOSPITAL or retoined by the TO FUNERAL E should be detoived the Store E IMPORTANT: If	23a F	A. CAPUT	O NI	D. 122 N	AME OF CE	METERY OR CREMATORY	23d. LOC	ALION			
BP		SPECIFY) BURIAL JNERAL DIRECTOR				E YARK CEMETE	RY Wa	ODLAWN_	BALT	MCRE	- STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	Re	BERT S. BARRI	weo	SEVERN.	A PARI	K, MD. M	AR 21	registrar Gyri	المسكا	lan	ul



by	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0 5	9 1 6
roy be	{TYPE	CEASED NAME FIRST MARY		WIDDLE	Jo	huson		5 18	83 4 45 M
in particular in	3. SE	Female	4. RACE		5. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	
Gerh. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY) ARY AND	4.5		WIDOWE		ANNE AN	EUN OEL	G. MD.
rs ofter of the filled	BRO	OKLYN	HAMM	CH FACILITY, GIVE STREET	NE NE	PROTHER INSTITUTION CTR.	120 USUAL OCCUPAT		KIND OF BUSINESS OR DUSTRY
AND 212 AND 212 n 24 hour	MAF	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		13t. CITY OR TOV		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 217 Croll	Drive 2	1401
MARYL, ted within ted within ond 2 sh cond 2 sh	14. FA	CHARLIE	WIDOLE	JOHNS ON		IS. MOTHER'S MAIDEN N NETTIE	WIOOFE		ATTS
be executor on ond constructions.		VAS DECEASED EVER IN U.S. A res no or unknown) (if yes, Gi NO	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	DOROTHY COL	E 217 Croll	Dr. Anna	21401 apolis, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in other contending physician. Where this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file that and Mental Hygiene prior to buriol, cremation, or removal. On them 18 shows any injury, or other traumatic event, the medical examiner must be not account of the content of the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, O	postos	DEATH BUT		20a. AUTOPSY?	20b. IF YES, WERE	PART IIO E FINDINGS USED CAUSES OF DEATH? NO []
DITAL OR ATTEND by the hospital or RRAL DIRECTOR: A edetoched for use Store Dept. of Head 1 is many: if them 21 is many: if them 21 is many.	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK 22a. L certify that (1) (this hosp saw the deceased alive at above, (1) (was above, (1) (wa	HOUR A. P. 21e. PLACE (AT HOME, STI	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	2 -	21f. LOCATION STREET 2 / 19 2 d d that in (my) (over apinion	CITY OR TO CITY OR TO A death accurred an the d MEDICAL STA DIRECTOR PHYSIC	OWN CO ate and hour and fi	DUNTY STATE State , that (I) (we) last from the causes stated C. DATE SIGNED
TO HOSE retained TO FUNI should b with the IMPORTA	00.	-H-3	Weis.		<u> </u>	606 Han		out -	21225
BP	BI	SURIAL, CREMATION, REMOVA (SPECIFY) JRTAL	3-23-1	1983 H		EMETERY OR CREMATORY REST CEMETER	Annapoli		Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	WI	UNERAL DIRECTOR ANNA LLIAM REESE &	SONS MOI	RTUARY, I	P.A.	MAI	R 2 9 1983	John J.	Comely

4-7-11 3 - 18 13 9 E. MARGINERY WAS INSCREEN TO SEE the second court of the second second second 5 m Monday A vivin (*150 ann) - Yan Eligat (*250 ann) - Alich (*250 ann) ADANS . M. C. Foguna

SEVERNA PARK, MD

DARRANCE

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

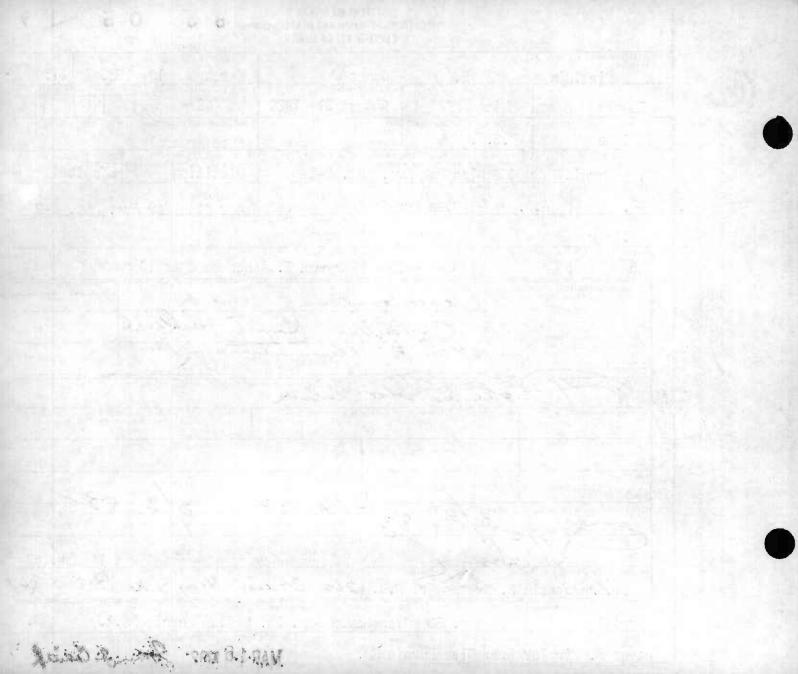
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	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 9 1 9 CERTIFICATE OF DEATH								
		CEASED NAME FIRST		MIDDLE	t.	AST	20. DATE OF DEATH MONTH DAY YEAR 2b HOUR					
		Virginia	E. Jor			es	March	13, 19	83	11:00 A		
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	MONTHS DAYS HOURS			
		Female	White		Aug	ust 31, 1920	62	HOURS MIN				
100		IRTHPLACE (STATE OR FOREIGN	U.S.A.		MARRIED NEVER MARRIED		9 BALTIMORE CITY C	DEATH				
26		Indiana			WIDOWE	D DIVORCED	Anne Arur	MD.				
00		Glen Burnie	462 G	len Mar A	pt. B-2	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Dietition 120 USUAL OCCUPATION 1120 LIFE OF BUSINESS OR INDUSTRY HOSPital						
35	USUAL RESIDENCE (IF NURSING HOME OF OTHE 130, STATE 136, COUNTY A.A.		VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Glen Bu	N .	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS	Mass Assa	lar Ave. Apt. B-2			
	14. F	ATHER'S NAME			11110	15 MOTHER'S MAIDEN NAM	ME 462 GIEN	Mar Ave	FDC	. D-Z		
28	3	Oliver	MIDDLE	Perry	11	Breeze	WIDDLE		LAST	T		
1	160 WAS DECEASED EVER IN U.S. ARMED FOR			166. SOCIAL SECUI		Norman E. Jones same as 13						
	-	18 CAUSE OF DEATH (Enter or	ly one couse ne					APPROXI	MATÉ INTERVAL ONSET AND DEATH			
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arcenomialose a with								INSET AND DEATH		
		1990	19.0									
		Conditions, if any, which	2017									
		gave rise to immediate couse (a), stating the underlying couse lost.	DU€ TO, €	In Consequence or Clean Clien and						S. Mari		
	NO	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOWN OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0)										
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		27s I certify that (I) (this hospi		depend from_	1	16 1980		10	82	that (I) (we) last		
		and that in (my) (our) opinion death occurred on the date and hour and from the causes stated										
		2h SIGNATURE	7/	/		PEGREE ATTENDING	MEDICAL STAI	FF	22t. DATE S			
-		22d. PHYSICIAN'S NAME TYPE O	IAN 🗌	14 M	lar. 83							
		Dr. Anastasi		bong Jr.	M.D.	206 CEA	in Henry	S. W	9-15	2/06/		
	23a. B	BURIAL, CREMATION, REMOVAL	I COLLEGE WAY			METERY OR CREMATORY	23d. LOCATION	, pc/	CUMITY	(Anti		
	24 -	Burial	16 M	ar. 83 G	len H	aven Mem. Pk.			A.	MD ^E .		
		JNERAL DIRECTOR		ADDRESS	i a MD	25a. DATE	E REC'D. BY REGISTRAR	25h REGISTRAR	SSIGNATU	JRE .		
		James S. Kirkle	у г.н.	gren burn	ie MD	· MA	N 1 O TORS	min	- R.	hull		

DHMH - 16 50M 1/8 (VRA 15, 4)

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in the signed by the attending physician and completely filled in by the funeral and then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 his prior to burial, cremation, or removal.

5		FOR - STATE REGISTRAR			DEPAR	ALC: NO.							O	
1		CEASED NAME	FIRST	ΔM	MIDDLE		LINSKI		20. DATE OF D			YEAR	2b HOUR	200
,	3. SE	3. SEX Male		1 RACE White		5. DATE C	5. DATE OF BIRTH						IF UNDER 1 YEAR IF UNDER 24 HRS	
ai ai	7 <u>a</u> . B	IRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY	? 18	6. 4, 78	397	9 BALTIMORE	CITY OR C	YRS.	DEATH		
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54	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL 120. USUAL OCCUPATION (IPPER OF WORK FOR MOST OF WORKING LIFE POLLOCK BLUMS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								RKING LIFE)	126 KIND OF BUSINESS OR				
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SC SC	John Kalinski Kalinski Julia MIDDLE Kalinski ADDRESS									Pilta				
e medico		YES, NO OR UNKNOWN)		WAR OR DATES	212-03-	3422 A	Florence	e Lou	densla	address gen	Same			
ir ather traumatic event		PART I. DEATH 427 Conditions, if a gave rise to cause (a), ste underlying car	SIMMEDIATE ny, which immediate ating the	DUE TO, C	OR AS A CONSEQUENCE OF									
y injury.	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01												
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orkedo	MED	WHILE NOT WORK		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f. LOCATION STREET		CITY OR TOWN			COUNTY STATE		
# 21 is m		220.1 certify that (I) (this hospital) attended the deceased fram												
TT II He	100 N	22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									_		SIGNED	
APORTA		22d. PHYSICIAN'S	911	7845 OAKWOOD ROAD, #200 GLEN BURNIE, MARYLAND 21061										
-1	236 BURIAL, CREMATION, REMOVAL 236 DATE 3/4/1983 Glen Haven Mem. Pk. Glen Burnie,							e, A.	A. A. Co., Md.					

DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR A should be detached for use with the State Dept, of Heal

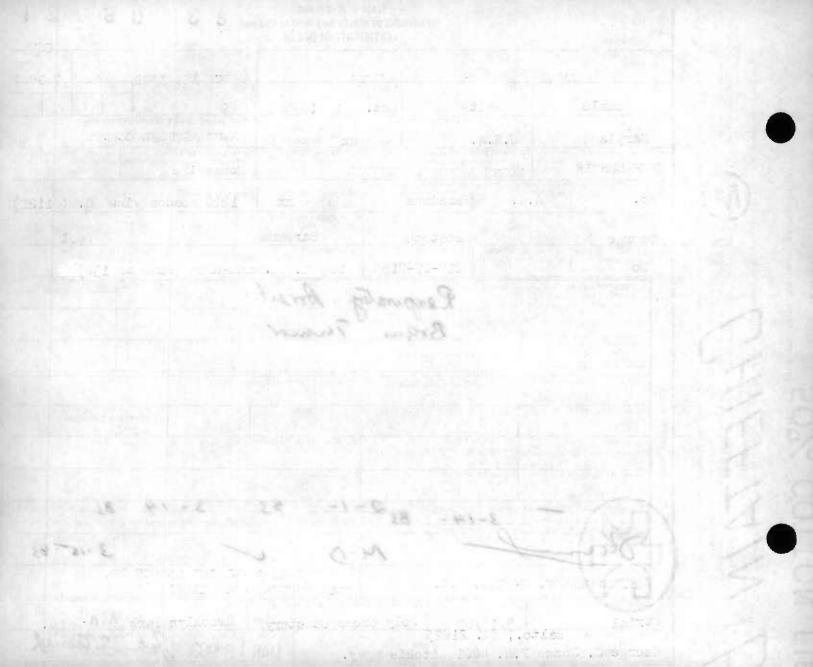
Mc Cally Funeral Homes

Glen Haven Mem. Balton Md., 21225 237 E. Patapsco Ave.,

23d LOCATION
Glen Burnie, Pk. MAR 1 0 1983

(VRA 15, 4)

STATE OF MARYLAND



10	•	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 5 TATE REGISTRAR CERTIFICATE OF DEATH	9 2 2
M			CEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR SECRETARY TO DATE OF DEATH DAY DAY OF DATE OF DEATH DAY	- M
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	removol.		18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brown Stem Image: APPRC BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
	ation, or		Conditions, if any, which gove rise to immediate	
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	to bur	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION GIVENIN PART A fuel Fibrillation, Perpendicular Divining	CHF.
ALRECO	Shows any	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS DEFFORMED 200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES	ES OF DEATH?
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R ATTENDIN haspital ar	of Health		270 I certify the (I) this hospital) attended the deceased from 19 , 19 , to 3 , 19 , 19 sow the deceased alive an 19 , and that in (my) (aur) apinion death occurred on the date and hour and from the above II) was did not not view the body after death.	. that (I) (we) last he couses stated
or he he	VT: # Hem			TE SIGNED
TO HOSPITAL retained by the	with the Stor		MICHTEL J. La Penta W 703 GIDDINGS AVE ANNAPOL	is Md.
වුණි වූ- BP	3 3 7	F	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY CITY OF TOWN CITY OF TOWN PROCESS AND ACT S	m STATE
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STATE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
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210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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AI WORK AI WOKK
22a Certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion
22a Certify that taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death resulted frage: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)
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228 certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted frame. Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. ACCIDENT M.D
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STATE OF MARYLAND

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5	1.	FOR STATE REGISTRAR		DEPARTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	05924
e		CEASED NAME FIRST PROPRINTS	MIDDL	· Lac	01.8116	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE		1. RACE	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
1 1 13	7	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? B. MARRIE WIDOW	D NEVER MARRIED D	9. BALTIMORE CITY OR COUN	POEK MO.
by the to	10 C	Verna Park	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (CO DESC.	120 USUAL OCCUPATION (TYPLOF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
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district the second second second sometimes the amount of the second of the se 3/30/83 Here R'ST Cen. Hus 418515 July 1873 Trade of Tome 5. the Complete the requires to 10 MAR 3 1 1983 of card TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral shauld be detached for use as the buriol-transit permit. Then please remove corbonpapers: Pages 1 and 2 shauld be filled within 73 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

D	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE & O	0	3	line and
		CEASED NAME FIRST	WIDDLE	L/	AST	2a. DATE OF DEATH		AY YEAR	2b. HOUR
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AT .	3. SE			5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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£, j	7a. B	CANNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
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nt, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (o), (b), and (to	1			- 60 0	DHSS: AND DEATH
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101	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE FAR:	M FTC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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121		saw the deceosed alive an abave, (1) (we) (did) (did not)	view the bady after death.	, and	d that in (my) (our) opinian o	death accurred an the do	ate and haur	and fram the	causes stated
I: If Hen		226. SIGNATURE	Langhli		PHYSICIAN D	MEDICAL STAF		3/11	SIGNED
PORTAN		224. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS 3708 Mount	an Rd.	Pas	nden	a. wed.
Σ-	23a. E	BURIAL, CREMATION, REMOVAL	2/8/4/ - 2- 102	ME OF CE	metery or crematory	Brooklyn	Kin	COUNTY	y y STATE
	24. FU	UNERAL DIRECTOR	P	asade		REC'D. BY REGISTRA	THE REGISTR	AR'S SIGNAT	URE
-	Ma	= Cully t. H. Mou	ntain & Tick Nec	k Rx	. 21122MAR 1	5 1983	hund	2. Cane	el

STATE OF MARYLAND

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MPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO				EST
		CEASED NAME OR PRINT)	JOHN JOHN		JACOB		AST LEFFET	MARC	EPE-25,	25	33 83	AR ?	26. HOUR 7301M
ı	3. SEX			4. RACE		5. DATE C	OF BIRTH	6 AGE (INY	EARS LAST BIRTH	DAY)	IF UNDER T	YEAR	IF UNDER 24 HRS
		Male		Whit	е	Мау	18, 1912		70	YRS.	MONTHS	DAYS	HOURS MIN
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNT	Y OF DEAT	Н	- 44
		aryland		U.S	.A.	WIDOWE		TA A TA YT	E ARUN	DEL (COUNT	Y	MD
L		IY OR TOWN OF DE LEN BURNII		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / ARUNDEL	ADDRESS)	TAL	(TYPE OF WOR	occupation of the mer (R	WORKING L	IFE) INDUS	TRYS	elf- oved
5	13a. S	AL RESIDENCE (IF NUR TATE TYLAND	13b. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Gambri.	N .	13d INSIDE CITY LIMITS?	13. STREE	ADDRESS Burn	210.	54– ross:	ing	Rd.
2	14. FA	THER'S NAME FIRST		MIDDLE	Leffe	t	15. MOTHER'S MAIDEN N FIRST Esthe		WIDDIE				elps
		AS DECEASED EVER ES, NO OR UNKNOWN) NO		WAR OR DATES	166 SOCIAL SECU 215.09.		Mrs. Anna		ADDRES ffet	s S	ame a	as ‡	13
		PART I. DEATH V Conditions, if ony gove rise to imcouse (a), stofi underlying coust	MAS CAUSE IMMEDIAT IMMED	DUE TO, OI	R AS A CONSEQUE	NCE OF	Myscarde	at n	hiperi Diser	e fi	n 5	uG	MATE INTERVAL INSET AND DEATH COMP
	NOI	PART 2. OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	SE OR COND	ITION GI	IVEN IN PA	RT 1(c	Talksur
	CERTIFICATION	19a DATE OF OPERA	TIÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [OPSY?	IN CERT	S, WERE F IFYING CA 'ES []		GS USED OF DEATH? NO
	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	P.,	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NA	ATURE OF INJURY	IN ITEM 18,	PART 1 OR PAR	2)	
	MEDI	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	HILE [21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f LOCATION STREET	2	CITY OR TOWN	4	COUNT	Y	STATE
		220.1 certify that (1 sow the decease above, (1) (we) (sed olive on	77	54 18	3, or	nd that in (my) (our) opinio	n death occurre	ed on the dot	te and ha	ur and from		that (I) (we) lost
	30	226. SIGNATURE	///	7	101		DEGREE		7/2		22c. 1	DATE	SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

JACK I. STERN

FOR

23b. DATE March 23c NAM

230 NAME OF CEMETERY OF CREMATORY
Glen Haven Mem.

22e. ADDRESS

23d. LOCATION CITY OR TOWN

DIRECTOR | PHYSICIAN

300 HOSPITAL DRIVE, #135 GLEN BURNIE, MARYLAND 21061

TY STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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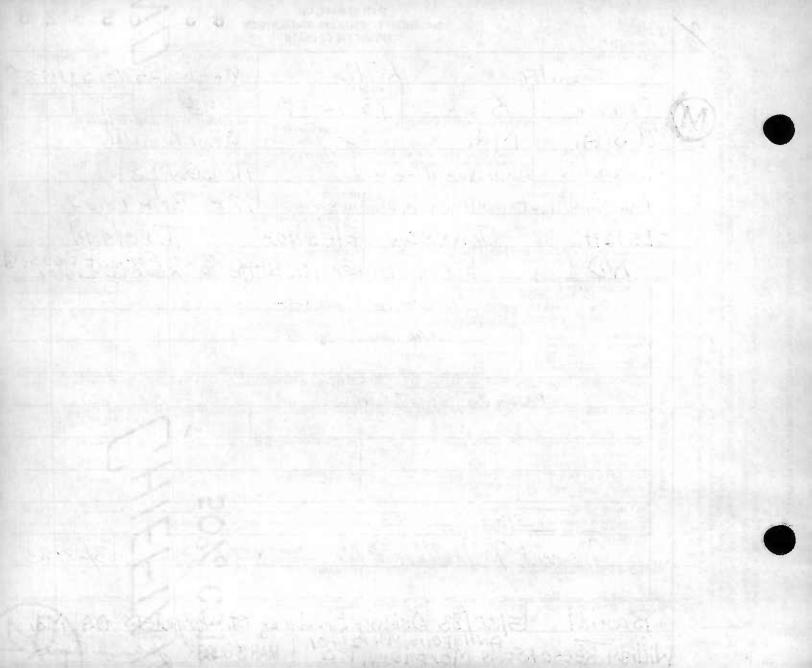
Singleton Funeral Home

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DATE REC'D BY REGISTRAR 26 REGISTRAR'S SI

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BELLE CONTRACTOR 10 Mar 10 Mar 25 16 68 28 18 55 18 5 Mis U. F. H. T. Herne Heundel Honnapolis Anne Arandel Ceneral Restaunation Restaurant M. H. H. Brungelis & MIZ MITTHEN STEW SAMUEL E. LEWISS CECELIA MANDER VEST DWILL 24-12-65-45 HELON E. LEWNEST #13-15 - Straley P. Wattan George M. S/12/29 24 1 1 900 1 1 900 2 Comment of the second of the



ove carbonpopers. Pages 1 and 2 should be filed with

injury, or other troumotic

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Item 21 is marked or Item 18 shows ony

23a BURIAL, CREMATION, REMOVAL

Mountain and Tick Neck Rds.

24. FUNERAL DIRECTOR

/	1 -	FOR STATE REGISTRAR				RTMENT OF H	EALTH AND W	ENT AL HYG		3 REG. NO		5 9	2 9
		CEASED NAME OR PRINT)	Frank	~	J.	Lin	a, In			ch 11	, 198		2b. HOUR
1		Male		White		A pri	1 2 OAY	004	6. AGE (INY)	3	YRS.	F UNDER I YEAR	# UNDER 24 HRS HOURS MIN.
5	9	RTHPLACE (STATE OR OUNTRY)	ia	USA		MARRIE		ORCED _	Anne	Arun	del Co	ounty	MD.
4	91	len Burnie		North 1	ALCILITY, GIVE ST	yenenc	or other insti	. 1		OCCUPATION OF LAYER		Detr.	Steel
3	Ma	al residence (IF NL STATE Inyland	13b COUNT	1 , 1	Pasade	OWN		NO 🔀	1944	Main 1	Avenue	e 211	22
20		ATHER'S NAME FIRST	Unkno		(Lina	J		IRST		MIDDLE		IAS	1
		WAS DECEASED EVE YES, NO OB UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SI 213-09-	4099	Mas. C		K. Lin	a 194	,		21122
		PART I. DEATH Conditions, if ar gave rise to ir cause (a), storunderlying cau	IMMEDIATE ny, which mmediate ting the	DUE TO, OF	PAS A CONSE	io pu onles	lmona obie (ny la Pardis	eres	alar,	desa	30 2	MATERITERIAL DISER METERIAL MANUELE GEORGE GEORGE MANUELE MANU
	NO	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS <u>CO</u>	NTRIBUTING	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR COND	DITION GIVE	EN IN PART 10	١,
9	CERTIFICATION	190 DATE OF OPER	ATION	19b CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFOR	RMED	200 AUTO	PSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
7	_	216. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DEATH	216. TIME OF HOUR A.A	M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 18, PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCU	WHILE WORK	21e. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATIO STREET	N		CITY OR TOW	N //	COUNTY	STATE:
		22a. I certify that (sow the deced above, (1) (www)		21	25	C -9 /	nd that in (my) (our) opinion o	death occurre	ed an the da	te and hour		that (I) (we) last causes stated
		22b. SIGNATURE	min	e fai	ylel	m	DEGREE AT	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAF		3/11	SIGNED 83
1		22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)	MI		22e ADDRESS	,	1	10	,	MI	244.22

23c NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus

Dundalk

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Baltimore Maryla

CTATE OF MADVIAND

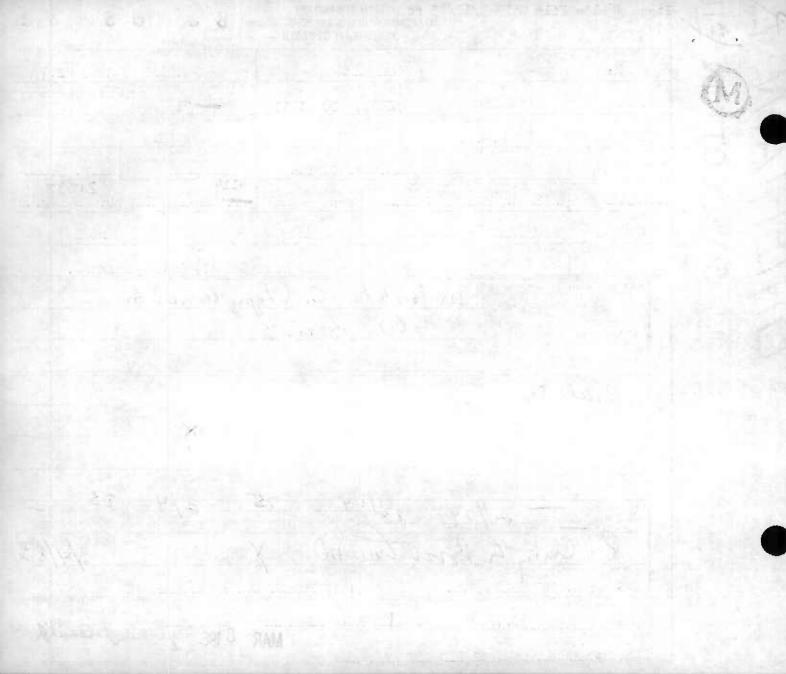
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10	7	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALT	MARYLAND TH AND MENTAL HYGIENE TE OF DEATH		5 9 3 0
	nay be page 3 er deoth	1. DEC	CEASED NAME FIRST OR PRINT) HELEN	Lindell LAST		REG. NO. DATE OF DEATH MONTH	93 83 26 HOUR
ħ.	ctor, pages safter de	3 SEX		WHITE S. DATE OF BIR	0 1907	GE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	M	C	DUNTRY) M.D.	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OF	DIVORCED	ALTIMORE CITY OR COUNTY LUNC HP USUAL OCCUPATION	126 KIND OF BUSINESS OR
1201	in by the be filed	H	TY OR TOWN OF DEATH WUAPOLIS AL RESIDENCE (IF NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY, GIVE SHEET ADDRESS) WWA POLLS ER INSTITUTION, GHE RESIDENCE BEFORE ADMISSION OF CLEVE OF TOWN			FE) INDUSTRY
MARYLAND 2120	n 24 I	13a S	TATE D. 136 QUAT	HUNAPOLIS 134	/	THE PODRESS HUE	21403
	w pal word	16a V	AS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO. 11	LEXAUDEI	A MIDDLE I	MINA DE FOSFO
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W. PRESTON	that the deot J by the otter ease remove of, cremation, ir other traum		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	(b)			
RDS, 201	equires the signed Then plect to buriol injury, ar	NOI	PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITION GI	VEN IN PART 1(0)
AL RECO	The law recircian. The has been ssit permit. Trajene prior I shows ony in	CERTIFICAT	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WA	Y	ES NO NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VITAL RECORDS,	SICIAN: ng phys certifico urial-trai	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
DIVISIO	MG Ph offer th os the thond orked o	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
	OR ATTENDI hospital or IRECTOR: A hed far use lept. of Heal		22a.1 certify that (1) (this haspital) saw the deceased alive on above, (1) (w51-did) (did not) vi 22b. SIGNATURE	3/16 19 83, and the	of in (my) (opinion death	occurred on the date and ha	, 11101 (1) (100)
	by the ERAL DI e detach Stote De		22d. PHYSICIAN'S NAME (TYPE OR PRI	Receeur , To		EDICAL STAFF RECTOR PHYSICIAN	3/24/83
	TO HOSPITAL retoined by TO FUNERAL should be de with the Stot	23a. I		236. DAJE 236. NAME OF CEME	teryor CREMATORY 12	al, Anuzio	COM 1 STATE
	BP DHMH - 16 50M 1/76	24. F	JNERAL DIRECTOR	3/28/83 USNAUAL	1-	0	TRAR'S SIGNATURE
	(VR A 15 (4))	1	Whole tuveral C	HAPEL HUNAPOLIS, FI	D. MAR 2	28 1983 John	I Carried

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			CEASED NAME FIRST	MIDDLI		I	AST	2	REG. NO.	YEAR	2b. HOUR
	3	(TYP	ARTHUR			LOHRM	ANN	49	MARCH 4	1983	2:17a M
	MI	3. SE		4. RACE		5. DATE C			. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		_	MALE	WHITE		SEPT	. 30 191	1	72 71 YRS		HOURS MIN.
	12 12/		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	8 MARRIEI	XNEVER MARRIED		BALTIMORE CITY OR COUNTY	OF DEATH	
	the state of		ARYLAND	U.S.A.	ITAL NILIDS INT	WIDOWE	D DIVORCED		ANNE ARUNDEL 20 USUAL OCCUPATION		MD.
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AND 21	r filled in hould be remost b	13a MA	RYLAND ANNE	ARUNDEI	CITY OR TOWN	ER	13d. Inside city limit yes \(\) no \(\)	X ·	4114 Se STREET ADDRESS 414 CADLE CREEK	RD. EI	Ø37 DGEWATER
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ALT!	ician ician iers. P				3-28-92		PRUITA LO	UHRM	ANN 414 Cadle CR		MATE INTERVAL ONSET AND DEATH
 9	phys npap mavo		PART I. DEATH WAS CAUS	ED BY:	a 11-	tut	ic Cul	Les	molinica) to	BETWEEN	ONSET AND DEATH
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ESTC	atten nave contran, othan, traumo		Conditions, if ony, which	(b)	ACONTEGUE	X	Brain				
W. PR	by the		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS	a Consequei	NCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	signed Then plec ta buriof	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDITION GIVE	N IN PART 10	0,
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9	ding physics certification is certification. Among the molecular or litem.	SAL SAL	OR CONTRIBUTING CAUSE OF DE	All I	MONTH DA	Y YEAR	0.0				
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	RECTO		obove (I) (var) tile (did no			7	FIGREE A	inion dec	oth occurred on the date and hour		
	# 000 #		Rodne	n & B	nn	true	ATTENDIN PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE	14/83
TIGO	FUNERAL State ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE	OR PILINT)			22e ADDRESS	-		7	-11
1	retained by to FUNERAL should be det with the State		RODNEY L. BRI	MHALL, M.D			1419 FORES	ST DI	R. ANNAPOLIS, MD		
+			BURIAL, CREMATION, REMOVAL				METERY OR CREMATO		23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	-	BURIAL	3/7/83	LOU	JDEN I	PARK CEMETE	ERY	BALTIMORE		MD
DH	MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR		ADDRESS		25	MAR	ECT 88498 STRAR 255, REGISTA	ARISIG WH	energy.
		HA	RDESTY FUNERAL	HOME 12 R	IDGELY	AVE.	ANN MD				



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IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 9 3 3
CERTIFICATE OF DEATH

1.	STATE REGISTRAR		CERTIFICATE OF DEA	TH REG. NO.	
	CEASED NAME FIRST DORIS	TUEKER	Lowman	March 22,	1983 6,45 AM
3. SE	Female	CONFLITE	S DATE OF BIRTH MONTH July 19:	VEAR 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
C	OUNTRY) MD.	76 CITIZEN OF WHAT COUNTY	MARRIED NEVER MARR	CED [] Ame Arung	NTY OF DEATH MD.
10 C	mapple	27 Faragut	Rd. Bay Ridge	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKIN	NG LIFE) 1126 KIND OF BUSINESS OR
13a. s	AL RESIDENCE (IF NURSING HOME OR OF STATE 130 COUN'		OWN 13d INSIDE CITY L	X 27 Faragut	Road 21463
E	ENEST	TUCKE	R LINDTHER'S MA	IAN	heiteH
	VAS DECEASED EVER IN U.S. ARA (ES, NOOR INKNOWN) (IF YES, GIVE		ECURITY NO. 17 INFORMANT PHY93 MARK 7	TUCKER LOWHAN	ANNAPOLIS MD.
Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	D BY. E CAUSE (o) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	yo cardial info QUENCE OF OVENCE OF	orction sclerosis THE TERMINAL DISEASE OR CONDITION	BETWEEN ONSET AND DEATH 3 WEEKS
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORME		YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (world'd) (did not	March 17	9 <u>83</u> , and that in (my) tour	opinion death occurred on the date and	
	226. SIGNATURE LANGE 226. PHYSICIAN'S NAME (TYPE OR	Amzar x		NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN D	March 22, 1983
	16 Murray Avenu	ue Annapolis, l			

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

J. BURIAL, CREMATION, REMOVAL 23b. DATE 3/25/83 HIGHER 2.

24 FUNERAL DIRECTOR TAYLOR FUNERAL CHAPTL ADDRESS HUNAPOLIS MD.

1250. DATE REC'D. BY REGISTRAR 23 JEGISTRAR'S SIGNATURE
MAR 2 4 1983 John & Com

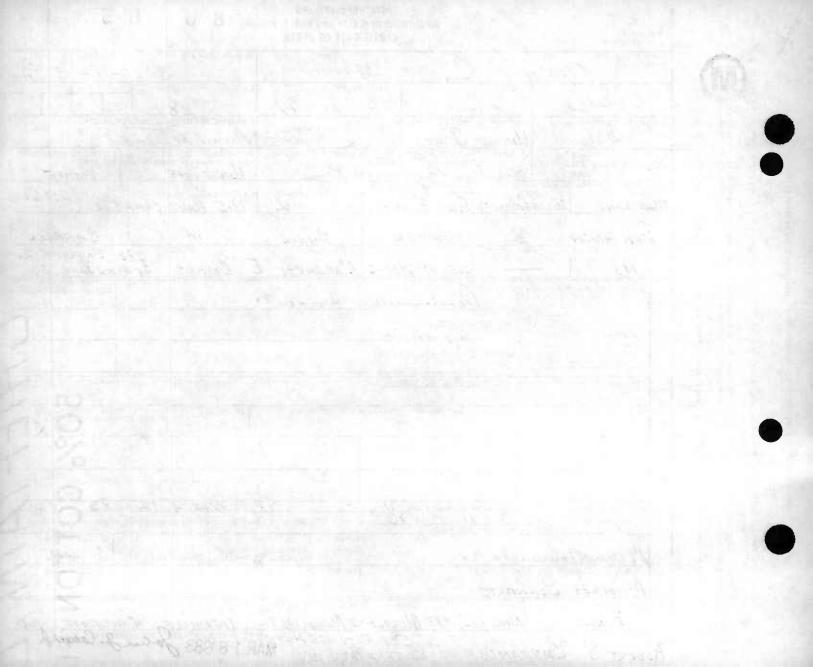
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6 th		CEASED NAME E OR PRINT)	A		WIDDLE	YCA.	S C C C C C C C C C C C C C C C C C C C	MARC	MONTH D	D 1963	b. HOUR OV
(A)	3. SE	X FEMALE		4. RACE WH	ITE	S. DATE	B 29 1894	6. AGE (IN YEARS LAST B			IF UNDER 24 HRS HOURS MIN.
99	1111	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	HRUL	DEL.	M
	10 0	TWWAPOL	ATH 2/5	11. NAME OF	HOSPITAL NURSII	PADDRESSY	ROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSE	OF WORKING LIEF	12b. KIND OF INDUSTRY	
filled in sould be		AL RESIDENCE (# NUR STATE	13b. SOUN	OTHER INSTITUTION	130 PITY OR TOV		13d. INSIDE CITY LIMITS?	13. STREET ODRESS	CHAR	125 F	214
ompletely lond 2 st	14. F.	ATHER'S NAME FIRST		WIDDLE	Stam	1	15. MOTHER'S MAIDEN NA	AME		LAST	
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hos been permit. I ene prior was ony in	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING	
is certificate buriol-transit Mental Hygical Properties of the 18 shapes or them 18 shapes of the 18 shapes		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A	OF INJURY M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUP		URY IN ITEM 18 PA	ART I OR PART 2)	
ter this os the burner hand Me	MEDICAL	21d. INJURY OCCUR	HILE 🗆		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
RECTOR: At ned for use of ppt. of Healt fem 21 is ma		22a. certify that (I sow the decease above, (I) (week)	ed olive on	3/30	19_	73.0	nd that in (ny) (corr opinion	deoth occurred on the	date and hour	and from the co	
# F D		226. SIGNATURE	v c	· Vos	esa, N	1.0		MEDICAL ST.	AFF ICIAN 🗌	225 DATE SI	#3
to FUNERAL should be de with the Stot		22d, PHYSICIAN'S N) C	. NOA		M.D.		est sh.	ANN	spezis	214
P	1	BURIAL, CREMATION SURIAL	, REMOVAL	23b. DATE 4-2-	. 83 5	T DE	MCTRIUS (POLIS	AA.	MD.
MH - 16 50M 4/82		UNERAL DIRECTOR	war n	, Cus	001 M		100 MN 250 DA	PR 5 1983	RI256 RIGISTE	RAR'S SIGNATU	there

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

51247 43564 THE RELEASE STATE OF THE PROPERTY OF THE PARTY OF THE PAR 177 And Heunisec 338370 AUXTRONS A. A. C. E. M. HERE HENRY HENRY 14.5 R.A. Moureus to K. S. Sint CHARLES R. SHIFF ENCHEY PRITECUES # 18 BURRE 1-2-83 STYSHISCON FROMMOS HA- JOD Tomber months and Lines as many of the first

×		1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 5 9 3 5
		(TYPE	CEASED NAME PRIST OR PRINT) MOST	MIDDLE MIDDLE	Mason 1. Date Of BIRTH	20. DATE OF DEATH MONTH 3 - 6. AGE (IN YEARS LAST BIRTHDAY)	12-83 5-8M
		3. SE	Female "	White	8 19 94	6.6	MONTHS DAYS HOURS MIN.
•	8 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		RTHPLACE STATE OR FOREIGN	UNITED STATES	8 MARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □	Anne Are	unity of DEATH suclel MD.
5	The party of the p	10 g	aublyn fach	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) MONEL POLICE MONEL POL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK HOUSE WIFE	ING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
AND 212	rely filled in 2 should be iner must be	13a. S	ARYLAND HAME	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOWN BUILDER BUILDER	N 13d. INSIDE CITY LIMITS? YES NO NO	130. STREET ADDRESS 7815 AMERICA	p 21061
MARYLAND 21	completely tond 2 sl	14. FA	THER'S NAME FIRST PENTAMIN	B. SEVIE	IS. MOTHER'S MAIDEN NO.	MIDDLE	CARROLL
BALTIMORE,	on and co		VAS DECEASED EVER IN U.S. AF	OF WAR OR DATES	17. INFORMANT 1801-D MARGARET	E. BYRNES	288 BOWLINE RD. SEVERNA MRK, MD.
TON ST.,	quires that the death certificate signed by the attending physic her please remove carbanappe to burial, cremation, or removal. jury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ence of	MINAL DISEASE OR CONDITION	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH OF GIVEN IN PART 110
	he low re on. hos been 1 permit. I ene prior ows ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
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٥	OR ATTENDING e haspitol or o DIRECTOR: Afte sched for use as Dept. of Health		22a. certify that (I) (this hosp sow, the deceased alive or above, (I) (we) (did) (did no	n 3 - 1/2 ot) view the body ofter death.		to MARCH 1	2, 19_83, that (I) (we) lost d hour and from the couses stated
	7 = 7 + 9 -		Mulast Elice			MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/83
	retained by the TO FUNERAL should be determent with the Store		MICHAEL SCI	ORPRINT) HWARTS	22a. ADDRESS		
	BP	23o E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	100	NAME OF CEMETERY OR CREMATORY CRELAND MEMORIAL TA	23d. LOCATION PITY OR TOWN	BALTIMORE IND
DH	HMH - 16 50M 4/82 (VRA 15, 4)	5	NERAL DIRECTOR	ADDRESS S	SOL PINILE LASSEDA	AR 1 8 1983	EGISTRARQ SIQNAJURE



					STATE OF MARYLAND							
	1.	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3 3 3 3								0
1. 50	REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						NO.		
		ECEASED NAME	FIRST		MIDDLE		LAST	12	. DATE KNOWN		DAY YEAR 76	HOUR
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A 프라프스토	3. SE	X 4. RA	CE 5. DA	ATE OF BIRTH	6. AGE (IN				R. DATE PRONOUNCED	MONTH	DAY YEAR 2d	HOUR
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2000年2月2日		OREIGN COUNTRY)	1 10				ED NEVER M					
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BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES OF VIVISION OF	160.	WAS DECEASED EVE		ORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	Daught	ADDR	ESS		
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. 5 8 8 8 1 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		18 CAUSE OF DEA	ATH (Enter anly ane WAS CAUSED BY:	cause per line	far (a), (b), and (c).)	1	1	-	0	/	BETWEE COUNET AN	HEANAL OF UKANA
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TO MEDICAL EXAMINER: THIS CERTIFICATE SI- EXECUTE THE CERTIFICATE, WRITING THE WOF PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT).	230	BURIAL, CREMATION,	REMOVAL 23h DZ	ATE	23s, NAME OF C	EMETERY		[23d, LO	CATION			
		(SPECIFY)						CITY C	RTOWN	COUNT		
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DHMH-17		FUNERAL DIRECTOR	Francis				250.	PR 4	OS3 KAK	EGISTRAR'S SIG	Caluck	
(VR A15 ME (5))	50	10 Univers.	ity Boule	ward,	W. Silver	Spring	Md!	11 1/ 2	000	0	75	
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FOR - STATE

BP

(VRA 15, 4)

REGISTRAR

Kutz Same as # 13 Mrs. Florence Mazan APPROXIMATE INTERVAL COLL CARLINOMS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that ip (my) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 200 Hospital Drive #206 Glen Burnie, Md. 21061 STATE Buria1 29'Mar.83 MD. Vet. Cemetery Crownsville, A.A 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS Glen Burnie DHMH - 16 50M 4/B2 Singleton Funeral Home MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 HRS

7h HOUR

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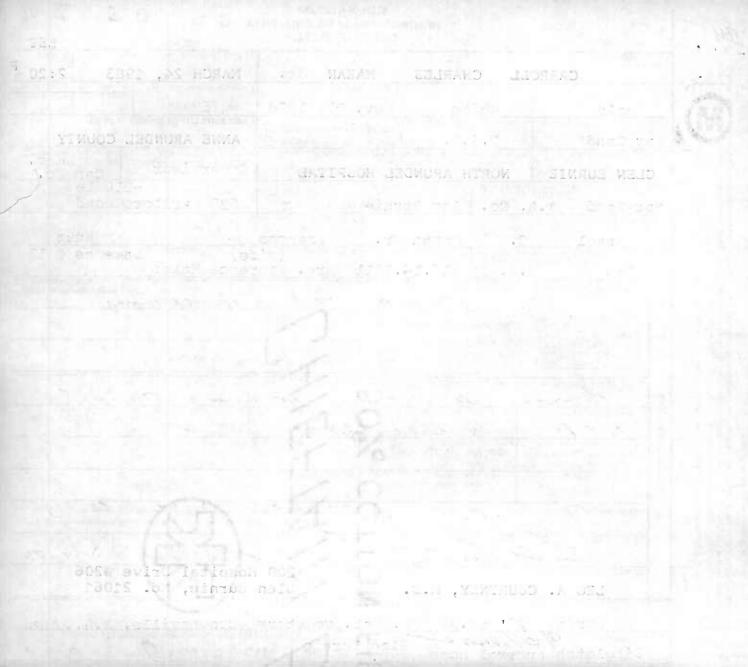
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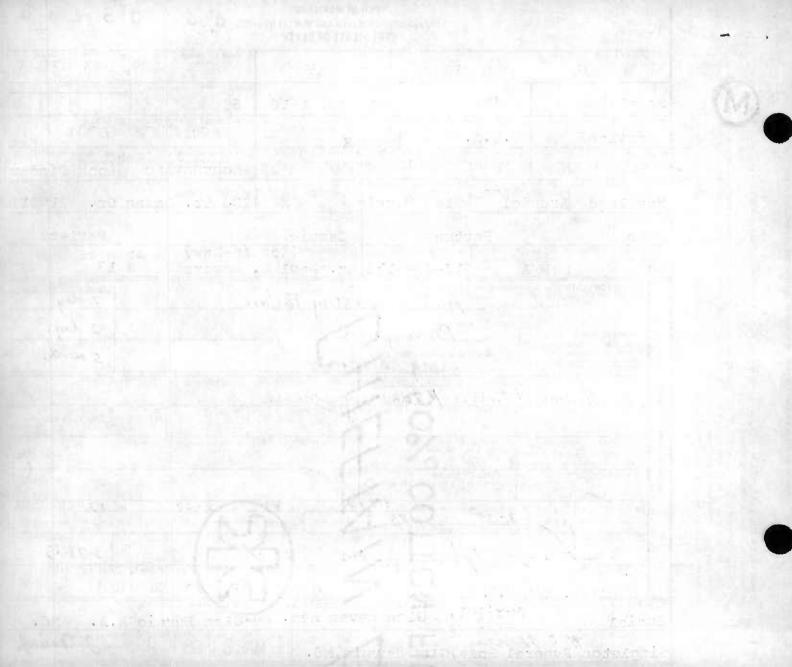
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Singleton Funeral Home, Glen Burnie, Md.

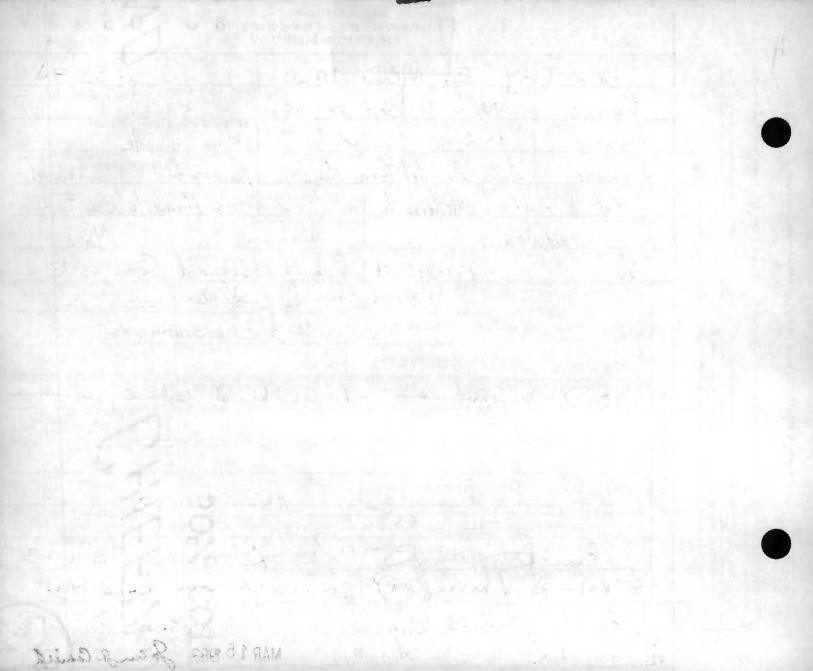
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DHMH - 16 50M 4/8 (VRA 15, 4)	32	24 FL	orites of 4. H	ADDR	ESS Ann. M		R 15 1983	25h DEGISTRAR'S	SIGNATURE	ing		

STATE OF MARYLAND



20	10	Item FOR	#16b Film	G578 4/	13/83 DEPARTM	STATE OF ENT OF HEALT	MARYLAND H AND MENTAL	HYGIENG 3	0 5	9 4 0	1
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		3. SEX	E WHITE	5. DATE OF MONTH	BIRTH YEAR 12 1942	AGE (IN YEARS IF L LAST BIRTHDAY) MON		PRONOUNCED DEAD	MONTH D	F3 1	HOUR
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BALTIMORE,	JRS AFTER DEATH, IF A B. GIVE PAGES 1.2, A WITH FORM PM.3. F T. PAGES I AND 2.2H DIVISION OF VITAL R	(YES, N	O, OR UNKNOWN) (IF YE	s, GIVE WAR OR DATES)	298	4 3462	KRISTINE	P. McFEELY	(SAME A	138	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOU."PENDING" IN PENCIL IN ITEM IE F. MEDICALE EXAMINER ALCONG Y ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.		T 2 OTNER SIGNIFICANT CONO	ITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	TO THE TERMINAL DISE	SE OR CONDITION GIVEN IN P	ART 1 (a).	THE R		
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	MED		AMINER'S NAME	LINK	ALOT	DATE:	ADDRESS AL	sepalis,	ng		
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(VRA 15, 4)

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	Maryland ITY OR TOWN OF DEAT		U.S.A		WIDOWE	NEVER MARRIED DIVORCED OR OTHER INSTITUTION		MORE CITY O	ne Ar	runde	MD.
M	illersyille AL RESIDENCE (IF NURSIN		(IF NOT IN SUCH	FACILITY, GIVE STREET A	Ma	nor	(TYPE OF V	AL OCCUPATI VORK FOR MOST O Ntracto	F WORKING LIFE)	Plumb	.&Heat.
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	YES, NO OR UNKNOWN)	(1F YES, GIVE WA		213-34-1		M. Downir	ng Meye			/ Fms.	Rd.
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ERTIFIC	71a. ACCIDENT WAS UNDE	RIVING ET	215 TIME OF	INTERV		1212 HOW INTURY OCC	YES] NO[]	YES		DE DEATH?
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	22a. I certify that (1) (1				11/	14 , 19 J	, 10	3/2	. 19	83, th	at (I) (we) lost

underlying cause PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 19b. CC 210. ACCIDENT WAS UNDERLYING 21b. TIA HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PL (AT HOA NOT WHILE 22a. I certify that (1) (this haspital) attends sow the deceased alive an abave, (I) (we) (did) (did not) view the body after death. DEGREF 22r. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL 236 DATE

22d. PHYSTCIAN'S NAME (TYPE OR PR

23¢ NAME OF CEMETERY OR CREMATORY Baldwin Mem. Cem.

22e ADDRESS 166

Millersville

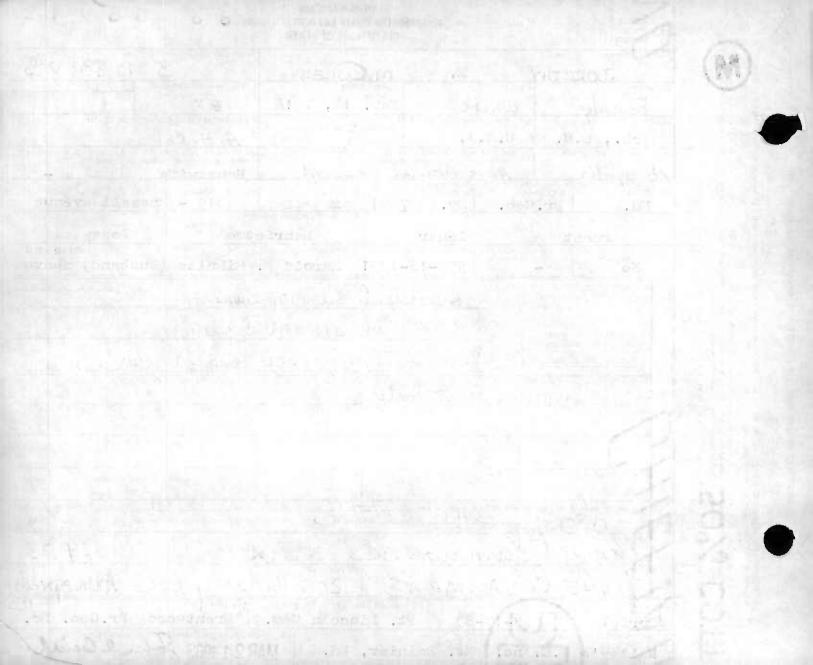
Burial 1 Apr. 83 24 FUNERAL DIRECTOR

James S. Kirkley F.H. Glen Burnie MD.

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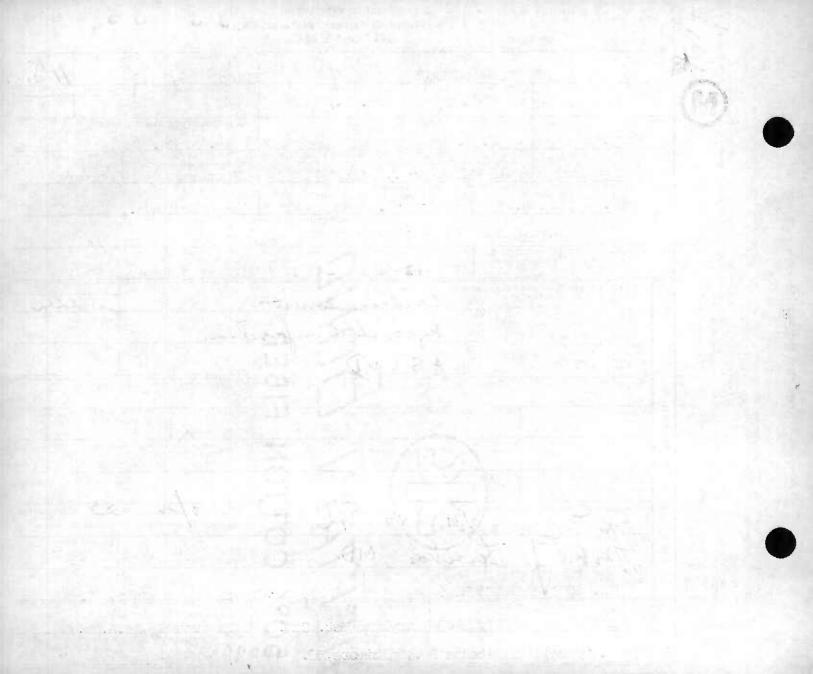
#	1	FOR - STATE REGISTRAR			DEPAI	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE	8 3 REG. N	0	5 9	43
to		ECEASED NAME PE OR PRINT)	FIRST		WALLAC!	C MTT	EAST			MONTH DA	Y YEAR	26 HOUR
M)	3 SE	Male		RACE	ite	5. DATE	OF BIRTH 24 DAY 1920 AR		rch 26, E (IN YEARS LAST BIR 62	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS.
\$ <u>50</u>		SIRTHPLACE (STATE OR FOR COUNTRY) Maryland ITY OR TOWN OF DEAT		U.		WIDOW		5	TIMORE CITY C	CO.	F DEATH	MD.
200	I	Brooklyn Pa	rk	415 W	Talton A	Ve.,	OR OTHER INSTITUTION (21225)	(TYPE C	SUAL OCCUPATI OF WORK FOR MOST O COTEMAN		126. KIND C INDUSTRY CODI	of Business or oer
35	130	JAL RESIDENCE (IF NURSIN STATE Md.	A.	Y	13c. CITY OR TO Brookly	NWC	134. INSIDE CITY LIMITS	41	REET ADDRESS	n Ave.	(212)	25)
20		FIRST	Vin	cent	Mille		15. MOTHER'S MAIDEN	lela	WIDDIE	Par	emski	Ţ
e medico		WAS DECEASED EVER IT YES, NO OR UNKNOWN) Yes		WAR OR DATES)	215-1	2-562	7 SHIRLE	Y MII	ADDRE	same a	s 13e	
ury, or other froumotic even	7	Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	which ediote the lost.	CAUSE (b) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEC R AS A CONSEC DNTRIBUTING T	DUENCE OF	dial infa	TERMINAL D	ISEASE OR CON	DITION GIVEN	au	MATE INTERVAL ONSET AND DEATH
2 lui kup swo	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	GS USED OF DEATH?
rked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK AT WORK	L EXAMINER)	P., 21e. PLACE (M. MONTH M.	19	21c. HOW INJURY OCC			RY IN ITEM 18, PART	(OR PART 2)	STATE
T: If Hem 21 is mo		220.1 certify the (1) to the cosed of the co	plive	view the body	3/21 10	93 .	nd they in my (our) opin DEGREE ATTENDINI PHYSICIA	IG MED		F	nd from the	
MPORTANT: If Hen		DR. H	ERRE!		IKAS		22e ADDRESS 5404 E				5.Md	Shrue
l l	23a E	BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL	236. DATE 3/30/			emetery or cremato	ORY 23d.	LOCATION CITY OR TOWN Crownsvi		COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

MAD 2 0 1083

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to		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 9 4	4
0		- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR	_
	nay be page 3	HERBERT W. MINETREE 3-19-83 21	MA
	moy pod	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 ENDER 14	MIN.
	8 20	MALE WHITE SEPT. 21 1911 72 YRS.	
	a William	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF DEATH	
	e fue with 7	NORTH CAROLINA UNITED STATES WIDOWED DIVORCED HANG HOUNDEL 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS	MD.
_	\$ =0 E/X	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOTEOF WORK FOR WORK FOR MOTEOF WORK FOR WOR	
21201		LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	4.4
QN	filled in auld be	MARYLAND ANNE ARUNDEL SEVERNA PARIL YES NO 130. STREET ADDRESS (33 EMERSON PLACE	146
RYLA	within within 4.2 sh	14 FATHER'S NAME FIRST MIDDLE LAST A FIRST MIDDLE LAST	
WA	ex one	JOSEPH P. MINETREE MARYBELLE - WHITE	
ORE	and co	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	(
WITT	e be	NO 262-05-3846 JANE E. MINETREE (SAME AS 13	-
. BA	rtificate physic onpape emoval event, t	PART I. DEATH WAS CAUSED BY:	ATH
N ST		1619 DUE TO OR AS A CONSEQUENCE OF	
PRESTON	e death e ottend nave ca iotian, a traumat	Canditians, if any, which	
PR	the remo	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
¥ 10	es that ned by please urial, cr	underlying couse last.	
15, 21	equires in signe Then pl r ta bur injury, s	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION	
RECORDS	- 0 + 0 ×	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED	_
L RE	ws he he	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	?
VITAL	F 20 5 5 5	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOUR A.M. MONTH DAY YEAR 21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	
	3 C F - 2 E	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	
DIVISION OF	G PHYSIC er this cer s the buria s ond Men's	OR CONTRIBUTING CAUSE OF DEATH I/F EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 111 111 111 111 111 111 111	ATE
IVIO	DING PI ar after the se os the self of the and marked	AT WORK AT WORK	
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	haspiniteCTo	abave, (1) (we) (did) (did nat) view the bady after aboth, 22b. SIGNATURE 22c. DATE SIGNED	15.
	The Dock	Manual CIM CAMMA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 /2/1	185
		220 PHYSICIAN'S NAME (TYPE OF PRINT) P 220 ADDRESS	
	TO HOSPITAL TO FUNERAL should be det with the Stote	DANIEL C. MCLABE ARNOLD MA 21012	
	Open Open Market	236. BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN STA	ATE
	BP	KUDIAI MARCHAL MAS (YLEN HAVEN) CREETEN (YEAR KURNIE HOUSE	MD
	DHMH - 16 50M 4/82	24 EUNERAL DIRECTOR NAME ROOM ROTCHIE HWY. 250. DATE REC'D. BY REGISTRAR 25 PREGISTRAR'S SIGNATURE MAR 2 8 1983 John & Cohiel	1
	(VRA 15, 4)	ROBERT S. BARRANCO SCHERNA PARIZ, MD WAN 20 1983 John & Cohney	_

-Manual Caragama (insulational and and an arrangement for any The Standard Charles and Charl LANGE Flore Will Color Harris Congress Color Science Househouse Belief the work from a Calabi water swamp to

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			Carmer		
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(VRA 15, 4)

()	FOR - STATE REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 5 9	4 6 EST
	ECEASED NAME FIRST PE OR PRINT) WALTER	Franklin MYER	LAST LS	3/27/83	ITH DAY YEAR	10:05 A
(M)	Male	HON	OF BIRTH 19, DAY 1896 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	YRS.	IF UNDER 24 HRS. HOURS MIN.
36	Maryland	U.S.	ED NEVER MARRIED	9 BALTIMORE CITY OR CO ANNE ARUNDE		ME
\$4	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME NORTH ARUNDEL HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Fireman		D.F.D.
-E) Q	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN A. A		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7919 Seabree	eze Drive	(21226)
2.20	Andrew Andrew	Myers Myers	15. MOTHER'S MAIDEN NA	MIDDLE	Harrison	n
loa.	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) YES (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY NO. 212-07-5107	Patricia Snyo	der, same as l	l3e	
ory, or other troumotic evenue.	Conditions, if any, which gove rise to immediate cause io1, stoting the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	cleves Head to the TERM	at dese	ON GIVEN IN PART III	o o
Hygiene prior to & 8 shows ony injur	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		b. IF YES, WERE FIND IN I CERTIFYING CAUSES YES	
ed or Item 18 sh	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	COUNTY	STATE
efoched for use us	22a. I certify foot (I) (this hospit sow the deceased olive on gloove, (I) (missing) (did not 22b. SIGNATURE		ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date of	22c: DATE	
with the Stot		IREZ M.D.	22e ADDRESS 784! GLEI	OAKWOOD ROAL N BURNIE, MD.	205	207
∞ > ≤ 23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		cemetery or crematory Haven Mem.Pk	23d LOCATION CITY OR TOWN Glen Burni	e,A.A.Co	.,Md.
014 4 (00	EUNERAL DIRECTOR	1001 Ritchie^₽Ħ& .Balt	25a. DA	AR 29 1983	REGISTRAR'S SIGNA	URE •

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1	1.	FOR STATE	DEPA	RTMENT OF HEALTH CERTIFICATE		IENE &	0 3	y was
	-	REGISTRAR	MIDDLE		OFDEATH	REG. NO		
n - m -		CEASED NAME FIRST	WIDDLE	MENICA	n 1	20. DATE OF DEATH	MONTH DAY YEAR	
(A)	0.05	LUNH	/// .	INEMOO	7	4.405	3 13 83	M M
3/07)	3. SE	E	1 RACE	S DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS DAY	
	7a D	RIHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTS	Dune à	5, 1889	9 9	YRS.	
1 1 107	1 3	SINTE CAYOLINA	A C N	MARRIED LI N	EVER MARRIED	DALA IN	RECOUNTY OF DEATH	1
to de	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHE	R INSTITUTION	12a USUAL OCCUPATION	ON 126 KIND	OF BUSINESS OR
of the led w	0	nnamile	(IF NOT IN SUCH FACILITY, GIVE STI	11 - 11	AT-3	(TYP) OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	
2120 nours	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BE		71. 13	Homema	Ker 1140	me
AND 24 h	7	STATE 136 COU	OTHER INSTITUTION GIVE RESIDENCE BE		SIDE CITY LIMITS?	1065 Norm	oon Drive	Aat T-3
RYL, withir withir withir miner	14 E	THER'S NAME FIRSTODER T.	MIDDLE LAST		THER'S MAIDEN NA	ME		21403
MAN bed on the ded		John Lau	prence McC	inter 6	FIRST Nand	y Gabriel	Devin	160
MORE,		VAS DECEASED EVER IN U.S. AF	EWAR OR DATES)	CURITY NO. 17. INF	ORMANT	ADDRE	Americana	DV Ast. 58
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BALT cote by sicion spers. vol		18. CAUSE OF DEATH Enter of		and (c)	1	0		OXIMATE INTERVAL EN ONSET AND DEATH
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. + + 2 0 0		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DUENCE OF			a marchine	
that that d by lease rol, cr		underlying cause last	(c)					
DS, 21 quires signe hen ple to bury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1(a)
E 5 c ⊢ 7 .5	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS	DEDECRASED	20a AUTOPSY?	206. IF YES, WERE FIND	DINIGS LISED
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k ATEN hospital RECTOR; red for us		saw the deceased alive or	t) view the body after death.	83, and that i	(my)(our) opinion	death occurred on the da		
		27h SIGNAL HE	11 14	DEGREE	State of the	77.	The DA	TE SIGNED
TAL O y the RAL DI defoci fore Do		baur	W & Deo	(m)	PHYSICIAN E	DIRECTOR PHYSIC	IAND 3/	14/83
A S S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S NAME (TYPE C	OR PRÍNT)	72e A	DDRESS	1 >	^ .	
TO HOSPITAL retained by 1 TO FUNERAL should be dee with the Stort IMPORTANT;		Edward 1	S. Beck m	D 161	6 Pores	T Drive	Hnnapol	is MU
5 5 7 8 7	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 2	C NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	- STANE
BP	10	Durial	Mar161983	Mosela	UN	Lakelan	de robko	TO
DHMH - 16 50M 7/77 (VR A 15 (4))	1	INERAL DIRECTOR	ADDRES	r- 1	250. DATI	R 1 8 1983 A	PEGSTRAP SIL	matery.
(100 10 (4))	110	eylor runer	al Charcel H	napolis,	ALL IAIN			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED•NAME • FIRST OR PRINT)	MID	DLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	_
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à	3. SEX	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER I YEA		
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à		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
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5	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COUI Md AA (VTY 13	ve residence before la. CITY OR TOWN Davidson	N .	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 3313 Black	berry	Lane	21\$35	
7		rtin	WIDDLE	Noone		15. MOTHER'S MAIDEN NAME Ellen	WIDDLE		Conn	nelly	
	16a W	VAS DECEASED EVER IN U.S. AF		SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS			-
	ye:	s 194	2-45	026 24 6	429	Ruth G. Noon	e # 1	3			
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	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	ING CAUSE	DINGS USED	
1	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 216 INJURY OCCURRED		MONIM DA	Y YEAR	21c HOW INJURY OCCURR 3 211. LOCATION	YES NO	YES		NO [
	ME	AT WORK AT WORK		FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR 1	OWN	COUNTY	STATE	
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		226. SIGNATURE	-PG	Sm	P	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	3-	7-83	
		lliam P. Jones					Ct;Davids	onville	e,Md.2	21035	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
		rial	3-9-83	Md	Vete	rans	Cheltenh	am PG	Co	Md.	

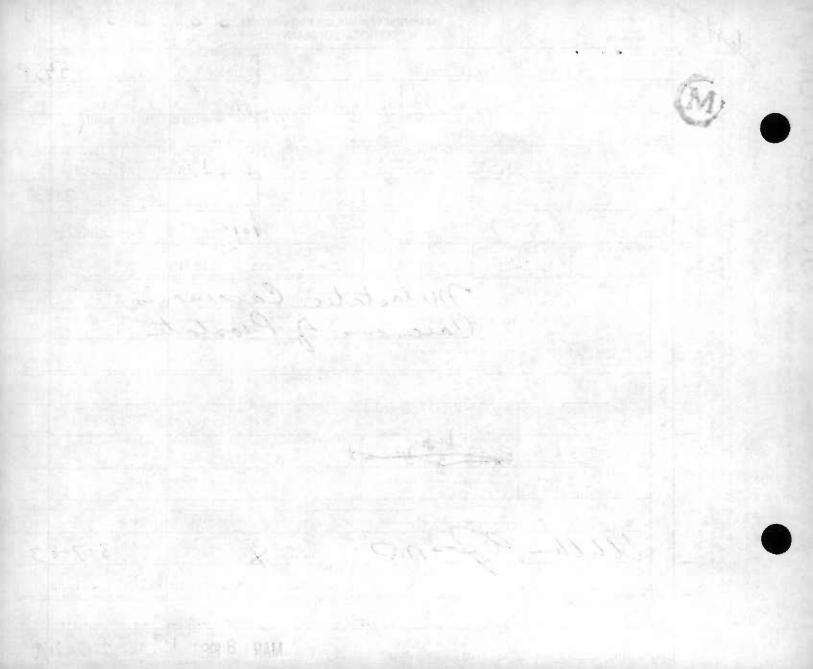
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Burial

24 FUNERAL DIRECTOR
NAME Hardesty FH, 12 Ridgely Ave, Annapolis Md 21401

MAR 8 198: Sen 25 Segistrar's Signature



				STATE OF MARYLAND	44 4 9	Ph 1/20 5 /3 /4
~	1	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY		05949
(00)	LDE	CEASED NAME FIRST	WIDDLE	IAST	REG. NO. 28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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0.4	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
and and		Female	white	66 12 96	82	MONTHS DAYS HOURS MIN.
2 576	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH
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ed within		NNAPOLIS	11. NAME OF HOSPITAL, NURSIN	(DDRESS)	120 USUAL OCCUPATION (EVAL OF WORK FOR MOST OF WORK	The state of the s
the filed			OTHER INSTITUTION GIVE RESIDENCE BEFORE	eorge Street	Homema Kr	er Home
filled in	13a.	STATE 136. CQUI	A. Hanapo	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Crease St. 2140
S. Sh	14. F	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	George Oligino
S S June 2 1	1	Richard F	torris Hows	es Rose	L- I MIODIE	Margie 1's
0		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		ADDRESS	2 Tucker St
Poges		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	- I indo K	Todono	magaolis MII 214
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to but	NO.	PART 2. OTHER SIGNIFICANT	1) Let	5 rulin	MINAL DISEASE OR CONDITION	I GIVEN IN PART I(O)
rmit. Then prior to b any injury	A	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
shows	Ě	72 F			YES IN NOW	ERTIFYING CAUSES OF DEATH? YES NO NO
Hyg 18 sh	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITE	
I mal		OR CONTRIBUTING CAUSE OF DEA	1	Y YEAR		
or Item 18	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
ked	W.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
alth and marked			ital) attended the deceased from _	1515 10	in Algret	, that (I) (we) lost
of He 21 is			at) view the body ofter death.	ond that in (my) (our) opinion	death occurred on the date and	d hour and from the couses stated
hem 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.	DEGREE		22c. DATE SIGNED
0 H		1 /2		ATTENDING	MEDICAL STAFF	The state of the s
d be de he Stote	-	22d. PHYSICIAN'S NAME (TYPES	20.00	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	
FUNERAL vid be den to the Stote ORTANT:		DIE PHISICIAIN STNAME (TIPE	BLERN	THE ADDRESS	1 1 24 1	b be a sile .
should be det	_	12	4	1151 Cathe	dral Slythnn	apolis, MU 21401
, , ,	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
	1	durial	111ar. 11.1913	Cedar Bluff	Hnnapolis	HH. MU
30M 2/80	24 F	UNERAL DIRECTOR	1 ADDRESS	250. DA	TE REC'D. BY REGISTRAR 256 PE	GISTRAR'S SIGNATURE
15, 4)	1	aylor tuner	al Chapel, Flor	apolis, MU M	AK 1 0 1983	hund Carried

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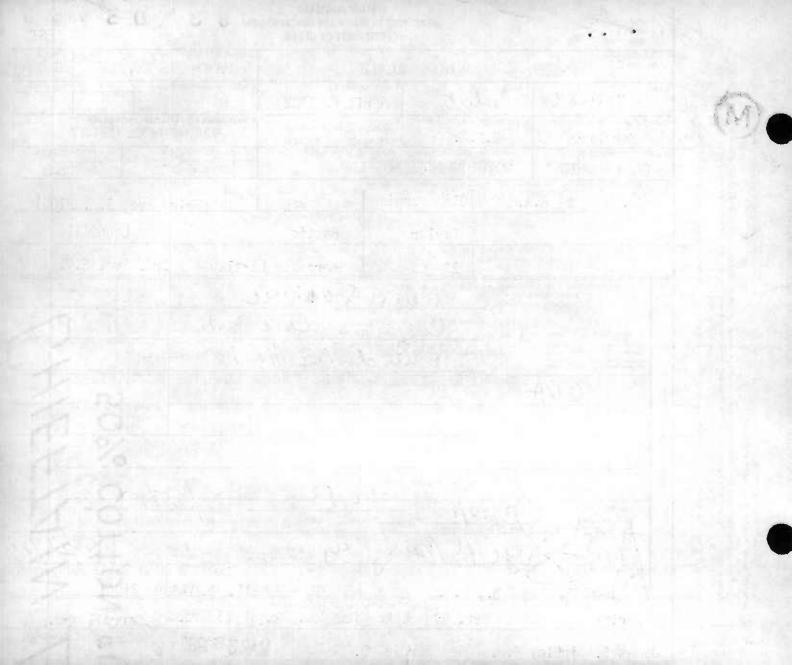
REGISTRAR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO



4/2/83

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

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126. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

22c. DATE SIGNED

:30 IF UNDER 24 HRS

2g. DATE OF DEATH

CERTIFICATE OF DEATH

Hillcrest Cemetery

LAST

BP DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

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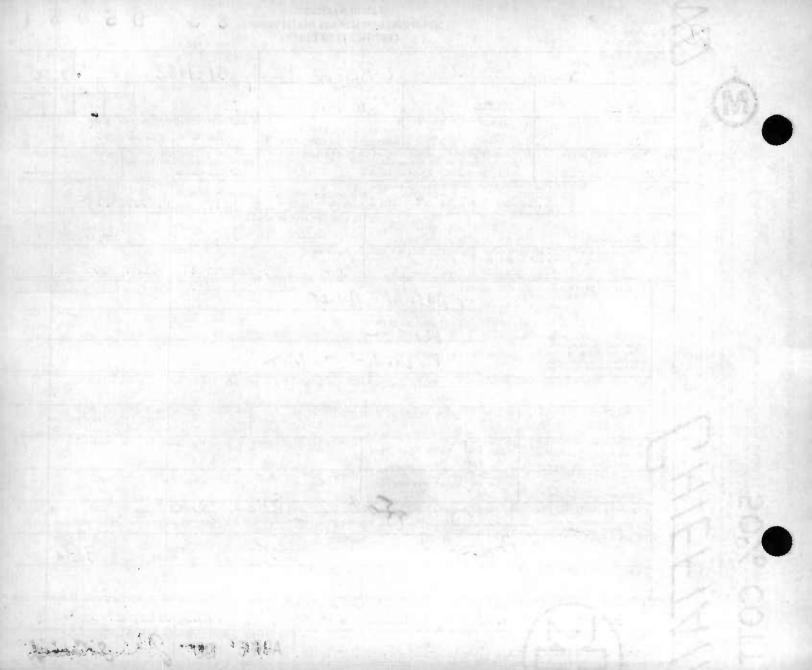
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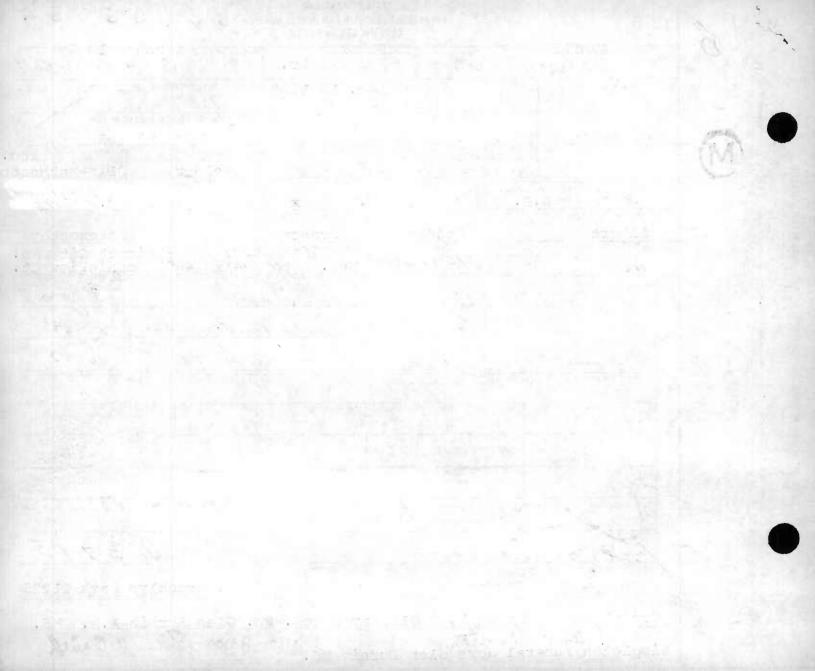
12	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	059	5 2 EST
		CEASED NAME FIRST E OR PRINT) DOROTT	Y E	OUTMAN	20. DATE OF DEATH A	08, 1983	26. HOUR 630 AM
	3. SE	MALE	NHITE	5. DATE OF BIRTH MONTH DAY YEAR FEB. 14 1910	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
deoth. Pour 72 hours of tonce.	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) NEW JERSEY	6 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANINH AL		Y
by the fulled with	10. C	GLEN BURNIE		ADDRESS PITAL	12d. USUAL OCCUPATION (TYPEO) WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in hould be	13a.	AL RESIDENCE HE NURSING HOME OR STATE 13b. COUN			130. STREET ADDRESS	PICIA /	1090
completely 1 and 2 sl	14 F/		AIDDLE LAST	15. MOTHER'S MAIDEN N			st
be execu		VAS DECEASED EVER IN U.S. ARA YES NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-6750 POBERT	E CUTMI	10500	TRICIA
equires that the death certifica is signed by the ottending phys. Then please remove corban pay to burial, cremation, or remove injury, or other traumatic event.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	E CAUSE (0). DUE TO, OR AS A CONSEQU (b). DUE TO, OR AS A CONSEQU (c).	Respinatory ENCE OF Car	failure Luy		WAATE INTERVAL ONSET AND DEATH
he low re on. hos beer t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDE IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?
PHYSICIAN: T ending physiciths this certificate the buriol-fronsity of Mentol Hygid d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
offer this os the but hond M	MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	PARM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
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TAL OR. y the ho RAL DIRE detachec note Depl		22b. SIGNATURE	Mu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stofe		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS 5	29 CAMP MEADI	E ROAD 21090	
BP	C	BURIAL, CREMATION, REMOVAL SPECIFY) REMATION	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	AL CATE WALLE	BALTO	STATE M O
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR NAME RLEY FUNERA	ADDRESS 4614614 ECATONS	GLOFFREDERICA 250. DA	1 4 1985	56. REGISTRAR'S SIGNA	TURE

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6	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE B 3	0 5 9	5 3
by be deoih	(TYPE	CEASED NAME FIRST OR PRINT)	MIDDLE	Po	rker		3-6-83	26 HOUR 430 PM
Poge 4 mi	3. SE	The state of the s	B CITIZEN OF WHAT COUN	S. DATE O	PAY GER	BALTIMORE CITY O	YRS.	IF UNDER 24 HRS HOURS MIN
rer death. Fe funeral of within 72 h	MA	INTLAND TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	WIDOWE		Anne Ar	R COUNTY OF DEATH	MD.
in by the be filed with the filed with	An	AL RESIDENCE (IF NURSING HOME OR	CIF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)		(TYPE OF WORK FOR MOST OF		F BUSINESS OR
should should	13a S	TATE 13b. COUN	fruide hoop	TOWN	13d. No SIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	50 THORSE	JawSt 1	21401
complete			PARKER LAST		CATHERINE	MIDDLE	PARKER	
be execut an and co		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE V	MED FORCES? 16b SOCIAL:	SECURITY NO.	17 INFORMANT EUGENE WALLA	CE 107 Hole	eclaw Street	
rtificate physicic onpaper emoval. event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	on ond ic	tony Arr	ert	APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
e death ce t attending nove corb notion, ar r troumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS	edience of	wha q	Lind	· ·	
s that the ed by the oleose rer riol, crem or ather		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONS					
equire n sigr Then r to bu injury	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN IN PART 1(0	
The low ration. The low ration.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEATH?
PHYSICIAN: The anding physicio this certificate the bunol-transit and Mentol Hygie d ar frem 18 sho	MEDICAL CE	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
G PH orten ord ord ked	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
K ATTENDIN haspital or of RECTOR: Aft hed far use of sept. of Health tem 21 is mar		220.1 certify that (1) (this hospite sow the deceased alive on above, (1) (websited) (did not	3/2/	19 <u>0)</u> , on	d that in (my) (our) opinion de	eath occurred on the do	ate and hour and from the c	production of the same
0 0 0 0 0 +		1775 GRATURE	1	M	ATTENDING PHYSICIAN	MEDICAL STAP		6/83
TO HOSPITAL retoined by the TO FUNERAL should be detributed with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR	RIAC	W.	GUNBU	RNIR	MRNACE MAD 211	13R-RD
BP	1	BURIAL BURIAL	3-9-1983		R CHURCH CEME.	Galesvi		
DHMH - 16 50M 7/77 (VR A 15 (41)		LLIAM REESE & S	apolis, Md.	3140A.	25a. DATE	R 1 1 1983	25 GISTRAR'S SIGNAL	helf

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

No 238 W.Ab. W. Brit THE REAL PROPERTY AND ASSOCIATION OF THE PARTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

83 059

	1 -	- STATE REGISTRAR		DLIARIM		ICATE OF DEATH	REG. N	NO.			
	DECEASED NAME (TYPE OR PRINT) GEORGE L.			PIERCE			2ª DATE OF DEATH		9 1983	26 ноиг 6:35р. т	
-	3. SE:	x MALE	4 RACE CAU			DF BIRTH 1927	6. AGE (IN YEARS LAST B	(RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5	70. BIRTHPLACE (STATE OR FOREIGN OKLAHOMA		76 CITIZEN OF WHAT COUNTRY?		* MARRIED NEVER MARRIED NORCED NORCED		9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY			MD	
1	FT	". MEADE, MD.	KIMBROU	GH ARMY C	DIMUI	OR OTHER INSTITUTION VITY HOSPITAL	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST U.S. ARM		12b. KIND C INDUSTRY RET	U.S. GOV	
2			ROTHER INSTITUTION NTY ARUNDEL	134. CITY OR TOWN ODENTON	DMISSION)	13d INSIDE CITY LIMITS? YES NO	13 SIREET ADDRESS 595 CHAPE	L GATE	DRIVE		
4	D	ONALD	WIDDIE	PIERCE		FANNIE FANNIE	WE		WALKEŔ	ST	
		vas deceased ever in u.s. af yes, no or unknown) YES (16 yes, G1	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECUR 445-26-99		RUTH PIERCE	595 CHAPE			ENTON, MI	
	NO	PART 1. DEATH WAS CAUSED BY. 1 Year Conditions, if ony, which gove rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (b) Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
2	CERTIFICATION	19a DATE OF OPERATION	TION FOR WHICH OPERATION		N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FIN		YING CAUSES			
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM I						JRY IN ITEM 18 PA	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE-C	OF INJURY EET, FACTORY, OFFICE, FAR	M, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	saw the deceased alive on 29 March 19.83, and that in (my) (our) apinion death accurred on the date and hour and from the causes state above, (h) (we) (did) (did) view the body after death.									that (1) (we) last causes stated	
		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 1274 PHYSICIAN'S NAME (TYPE OR PRINT) 1276 ADDRESS								30 MAR & 3	
1		HENRY SAUNDE		MC		Me ADDRESS Kimbrough ARm	my Communit	y Hosp	oital,	FGGM, MD	
	(:	urial, cremation, removal specify) BURIAL	23b. DATE 4-2-83			NAL CEMETERY	23d LOCATION CITY OF TOWN LAUREL		COUNTY	STATE MD	
		NERAL DIRECTOR RDESTY FUNERAL	HOME 12	RIDGELY A	VE.,		AR 3 1 1983	25b. BESISTI	RAR'S SIGNAT	shield.	

DHMH - 16 50M 1/81 (VRA 15, 4)

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(VRA 15, 4)

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×		1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND . ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 3	05959
	1	(TYPE	EASED NAME EIZZ		Poppleton	Ma	ADNTH DAY YEAR 26 HOUR 15. 13, 1983 M
		3. SE	Female	White	5. DATE OF BIRTH ONTH 6 1961	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
	meral #	3	ATHOLACE ISTATE OR FOREIGN 76		MARRIED NEVER MARRIED WIDOWED DIVORCED	Hone /	trundel MD.
10	to other to the	De	Vernz Park	MENIOLEN IL	Vising Home	TYPE OF WORK FOR MOST OF	WORKING LIFE) 131 KIND OF BUSINESS OR WORKING LIFE) 1910 USTRY
ND 212	St house	130. S	RESIDENCE (IF NURSING HOMBOR OF	THER INSTITUTION, GIVE RESIDENCE BEFORE Y TO TOWN	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADORESS	12 nover St. 21230
MARYLA	12300	14. FA	THER'S NAME FIRST	DOLE Weller	15. MOTHER'S MAIDEN N	AME MIDDLE	Dayldson
IMORE,	2 medicol	16a V	(AS DECEASED EVER IN U.S. ARMI es, N. OYUNKNOWN) (IF YES, GIVE W	(AR OR DATES)	17 NO. 17 INFORMANT	Poppletou	s #13
PRESTON ST., BALL	death centilicate after a centilicate a cent		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED 4292 IMMEDIATE Conditions, if only, which	BY:	disrespector	y Arrest.	APPROXIMATE INTERVAL BETWEEN OMSELAND DEATH
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NDS, 201	requires signs or to be rinjury o	CATION	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TER	minal disease or cond	ITION GIVEN IN PART 1(0)
AL RECO	The low relicion. It has been used been been permit. It is a permit.	1	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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۵			220.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not)	March 19	3, and that in (by) (our) opinio	n death occurred on the dat	te and hour and from the causes stated
	F D D D		276 SIGNATURE	dry	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220. DATE SIGNED 3 -14 -83
	HOSPII med b old be	N	22d. PHYSICIAN'S NAME (TYPE OR PI	REIDEAM D	220 ADDRESS 1406 So C	EAIN HW.S	o-Sule 102-blupuno
	BP	23o. E	DUP IA		OF CRMETERY OR CREMATORY		ville Dorchester S. C.
7	DHMH - 16 50M 7/77 (VR A) 5 (4))	24.64	HERAL DIRECTOR NAME Y NOT FUNEVAL	hapel Ann		ATE REC'D. BY REGISTRAR (AR 1 8 1983	SV REGISTRAR SIC SATURE

SERVED TO SERVED Listen Weller Property tem is a white with a mail S. Carolma USA - Knie Hoondale Devente lack Mercel an Missing Home I Clerk Liberton All Balls 124 Sales State I H C ... Well Elizabeth or Samukan You as you was to the top place to 13 The transfer when a discount of the last o A MENT SO I WANT A STATE THE MAN TO SO DOWN

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(VRA 15, 4)

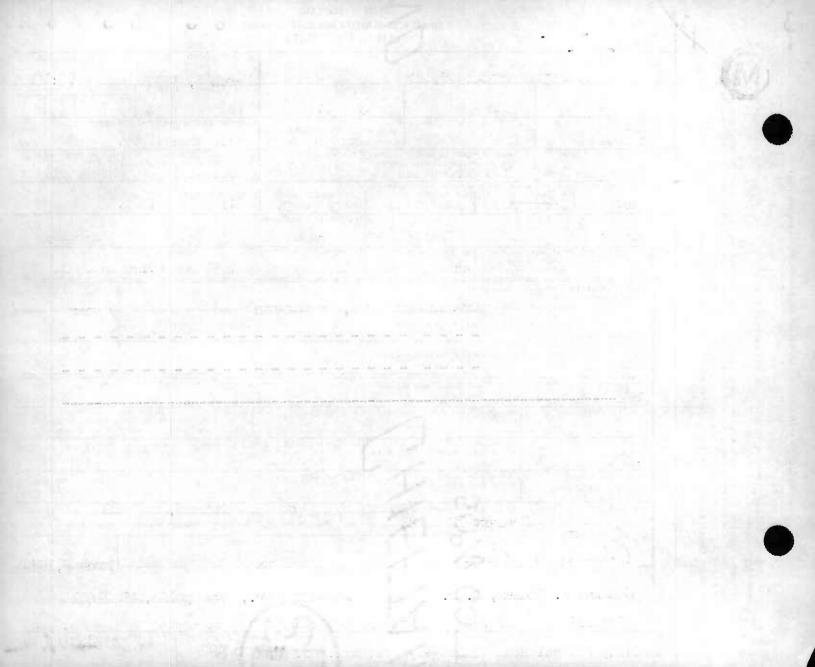
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 2b. HOUR 17, 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE EDUCATION SCHOOT, TEACHER 13. STREET ADDRESS
135 DREXEL DRIVE 21108 UNKNOWN ADDRESS KIRK D. PREVOST 1357 RALEIGH DR. 21144 APPROXIMATE INTERVAL METAMEN CHIEF AND DEATH trum PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred of the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 325 HOSPITAL DRIVE #208 GLEN BURNIE, MARYLAND 21061 STATE 3/18/1983 CREMATION GREEN MOUNT CREMATORY BALTO. MD By REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 WALTER BROOKS BRADLEY, INC. BALTO., MD

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12	1 - STAT				DEP	ARTMENT OF I	ICATE OF		GIENE O	2	0 3	7	0 1
0		STRAR	FIRST		MIDDLE		AST	DEATH		REG. NO.	TH DAY		
o m.s/	TYPE OR PRIN	D NAME			WIDDLE	Pi.		LOVAS	2a. DATE OF D	ATH MON		YEAR 73	2b. HOUR
poge r den	3. SEX	HIM	TAN	RACE	4. 17.	5. DATE O		LSKAS	6. AGE (IN YEARS	-			12:05
ge 4 m ector, p	J. SEA	ALE		Cau		MONT 3		90	9	3	MONTHS YRS.		HOURS MIN
h. Pool die	7a BIRTHPL	ACE (STATEOR FO	REIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER	MARRIED	9. BALTIMORE	CITY OR CO	DUNTY OF DE	ATH	DATE:
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s ofter o	Annap	Olis	тн 111	Bay M	hospital, ni hfacility, give lanor N	JRSING HOME (STREET ADDRESS) Ursing 1	OR OTHER INS	NOITUTIT	12a. USUAL OC	CUPATION R MOST OF WO	RKING LIFE) 12b. I NDI Lh Engra	ISTRY	BUSINESS OR
	USUAL RES 130 STATE Md.	DENCE (IF NURSI	Mont,	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE	CITY LIMITS?	13e STREET AD				20904
min V	14 FATHER			11111				S MAIDEN NA	ME				
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toch toch the Fig. 1		CNATURE C	E) (dio nor) V	The body	otrer death.	r	DEGREE 1 - D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	₋ 3	DATE S	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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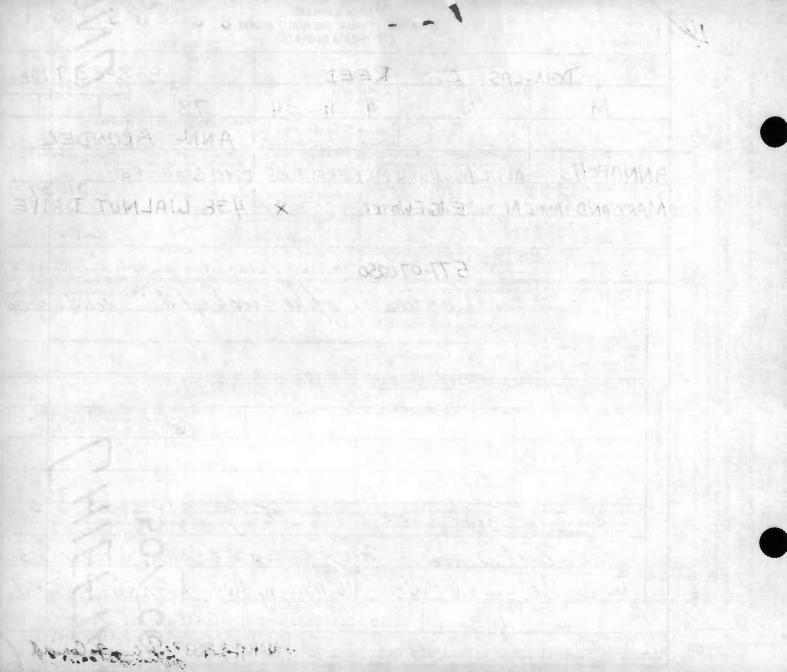
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FOR STATE REGISTRAR

DEFARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 5	9	6 4
WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
c. RI	EED		3-8-	-83	9:10PM
W S. DATE	OF BIRTH H DAY YEAR YEAR	6. AGE (IN YEARS LAST BIR	YRS.	HAS DAYS	HOURS MIN.
DF WHAT COUNTRY? 8. MARRI WIDOW	ED DIVORCED	ANNE	ARL	MDA	EL MD.
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ON GIVE RESIDENCE BEFORE ADMISSION 131. CITY OR TOWN CLEGGEWATE		130. STREET ADDRESS.	ALNE	ITI	DRIVE
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5 77-07-025	Verlie McKir	non 5106 B		St. S	Suitland
oer live for (a), (b), and (c), AM CLUBUL OR AS A CONSEQUENCE OF	a offle es	ophague	.20746	APPROXI BETWEEN C	MATERITERYAL DISPLAND DEATH
OR AS A CONSEQUENCE OF					
CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	,
NDITION FOR WHICH OPERATION	ON WAS PERFORMED	YES NO	206. IF YES, W		
E OF INJURY	21c HOW INJURY OCCUR	ED (ENTER NATURE OF HOLD	IRY IN ITEM 18 PART	OR PART 2)	

I. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX he funeral director, within 72 hours offi 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN COUNTRY) USI Va. 10. CITY OR TOWN OF DEATH 11. NAME C (IF NOT IN mpletely filled in by the ond 2 should be filed ING HOME OF OTHER INSTITUT 136. COUNTY MIDDLE Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES medico carbon papers. Pages (IF YES, GIVE WAR OR DATES (YES, NO OR UNKNOWN) no 18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) or other troumotic DUE TO emotion, Canditians, if any, which (b) gave rise to immediate cause (a), stating the DUE TO underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS uloux, CERTIFICATION should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior marked ar Hem 18 shows any 90 DATE OF OPERATION 19b. CO certificate has 210. ACCIDENT WAS UNDERLYING 21b. TIM HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET WHILE AT WORK NOT WHILE 220. | certify that (1) (this hospital) attended the deceased fram FUNERAL DIRECTOR: uld be detached for us etained by the haspital saw the deceased alive an abave, (I) (we) (did not) view the body after death. and that in (my) (eur) opinion death accurred an the date and have and from the causes stated If hem 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 120 ADDRESS 22d PHYSICIAN'S NAME, (Type OR PRHY 9 23d. LOCATION 23c NAME OF CEMETERY OR CREMATOR 236. DATE 230 BURIAL CREMATION, REMOVAL Suitland Md. Cedar Hill Cemetery 3/12/83 Burial BP. 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR

Hardesty Funeral Home 12 RidgeTy Ave. Ann. Md.



(VRA 15, 4)

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	INNER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF MI TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CI		22a. I certif	y that I taok c	harge of th	e remains des	ribed aba	ve, held an	Autop	y X.	Inspection	L.	Inquiry		and in 1	my opinio	in	Md.
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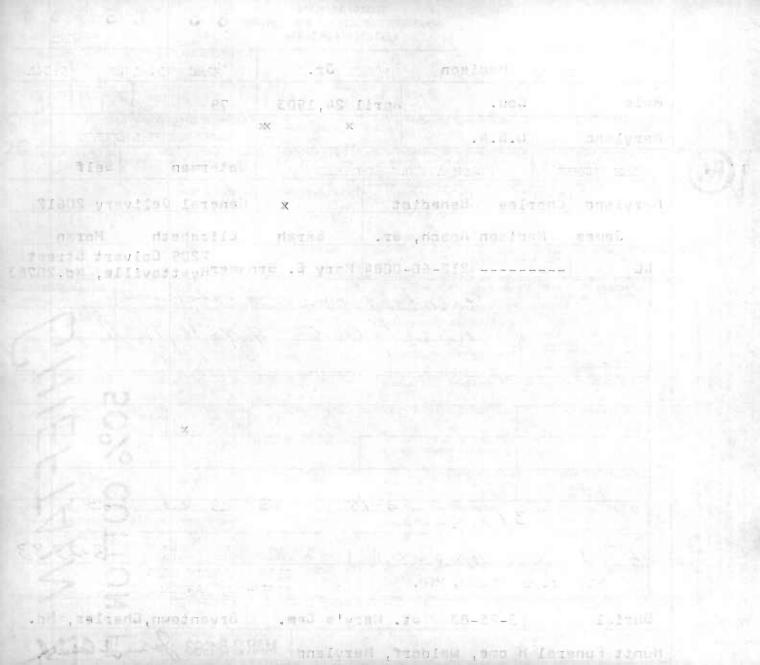
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Riley ESTI-Homer James DEATH MATED Mar 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 20 1.83 White 16 Male Aug 19 DEAD 66 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED TO NEVER MARRIED FOREIGN COUNTRY Anne Arundel Virginia United States WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Glen Burnie North Arundel Hospital M/Sqt. E7 Ret. U.S. Army 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b. COUNTY 13c. CITY OR TOWN 21061 123 Bliss Lane Glen Burni e Anne Arundel NO X Mary and T. PAGES 1 AND 2 SI DIVISION OF WHAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Riley Edwin Blackburn Bertha Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. Wife Same 13 as (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 213.26.9793 Wanda L. Riley W.W. II Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH AEM THE STATE OR REMOVED THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE. THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE. PART I DEATH WAS CAUSED BY Cardiac Arrest 2 min DUE TO, OR AS A CONSEQUENCE OF Ventricular Fibrillation Conditions, if any, which 15 min gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 Chronic Obstructive Pulmonary Disease and Diabetes Mellitus 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection XX Autopsy 220. I certify that I took charge of the remains described obove, held on ond in my opinion Natural causes Accident Hamicide Undetermined manner death resulted from Suicide 3/ 20/83 DeputyEDICAL EXAMINER 113 Cathedral Street, Annap/Md. 21401 Richard E. Cook, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Mar. 24,83 Arlington Nat'l Cem Ft. BP **DHMH-17** Singleton Funeral Home, Glen Burnie, MD (VR A15 ME (5)) 15M 2/80

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(VRA 15, 4)



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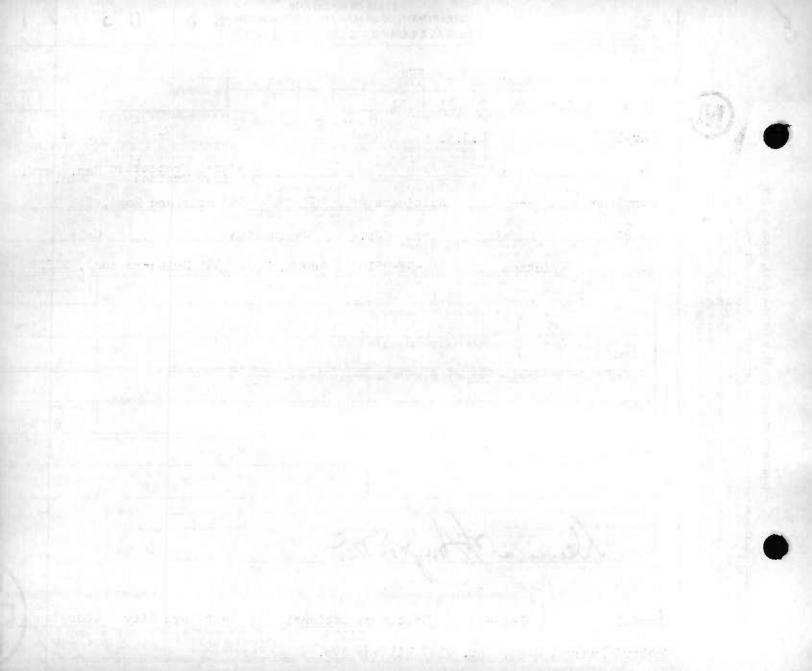
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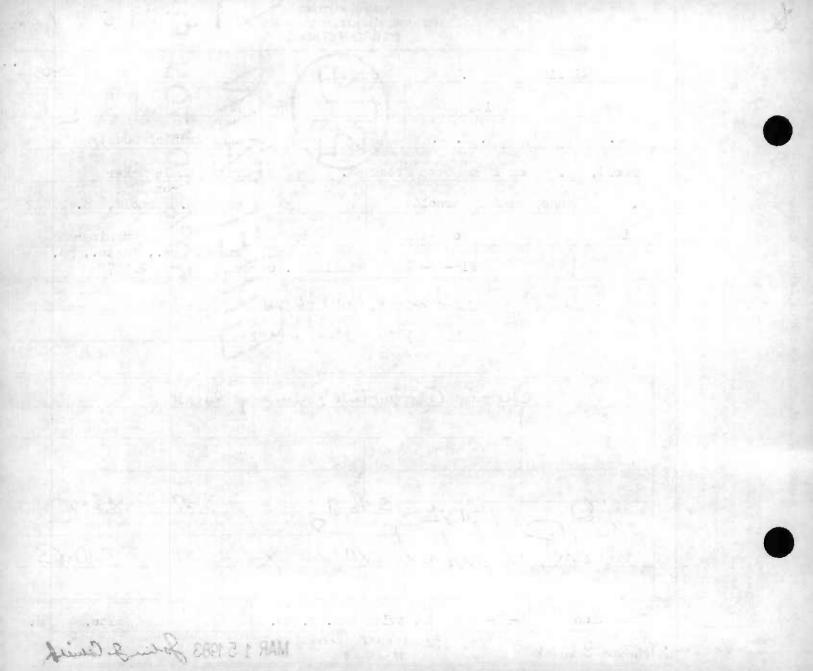
DHMH - 16 50M 1/81 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYL ALTH AND CATE OF	MENTAL HYG		SEG. NO.	5	7 (0
		CEASED NAME FIRST		MIDDLE	LAS	iT.	7.07.1.3	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	
		The	1ma	Raye	Ros	е			March 1	14 198	3 1245p) M
	3. SE		4. RACE		5. DATE OF	BIRTH	NE AG	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR		
		Female	Negro		Sept.	7	1934	48	YRS.	MONTHS DAYS	HOURS M	IN.
	7a 81	RTHPLACE (STATE OR FOREIGN COUNTRY) 115Sissippi	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		MARRIED .		rundel (MD
	F	t. Meade, Md.	Kimbrou	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	odress) Ommuni	OTHER INS	MOITUTIT		WPATION MOST OF WORKING	IFE) INDUSTRY	OF BUSINESS	
1	130. S Ma			13c. CITY OR TOWN	rnie	YES 🗌	CITY LIMITS?		ress rris Hil	ll Aven	2/06 ue)
		HER'S NAME FIRST FIRST	WIDDLE	Davi	اد	5. MOTHER	Effie	MI	DOLE	Applew.		
		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	215 32 13		Husba		rman R.	D. /		is H 1 11 nie,Md.	
	NO	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE 10.00	R AS A CONSEQUE	PETIEL NCE OF	OT RELATED	To the term	INAL DISEASE OR	CONDITION GI	40 VEN IN PART 1	min.	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH C	PERATION	WAS PERFO	DRMED	200 AUTOPSY	IN CERTI	S, WERE FIND. FYING CAUSE	INGS USED S OF DEATH?	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A.	M. MONTH DAY	YEAR 19			RED (ENTER NATURE				- in
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FAI		Alf. LOCATI		CIT.	YORTOWN	COUNTY	STATE	
		22a.1 certify that (1) (this has sow the deceased alive	n	10	ond	that in (my)	(our) opinion o	, to death occurred an	the date and ha		that (I) (we) lo	ost
		22d. PHYSICIAN & NAME THE	5-800	77-6]	11	The ADDRES		MEDICAL DIRECTOR P		191	PERSS	<u>. </u>
-	230 0	Frank S	Miles,	CPT, MC	AME OF CT			Army Co	mm. Hosp	oital		
	1	Buial	3-/8	-83	200	TO J	FILL	Bros	klyn	AM	Co	
-	V	winell B	ader	- Bal	to.	mo	250 DATE	R 1 6 198	3 John	TRAR'S SIGNA	shield.	-

e will be the Landson will be the start of the best of the best of the A STATE OF THE STA At the first the state of the s MATERIAL SECTION

1.					ST	ATE OF A	MARYLAND	The Control of the Co	400	1000	120 120 1	
\$	1.	FOR			PEPARTMENT O	HEALTH	AND MENTAL	HYGIEN	3	0 5	9/	
77	1000	- STATE REGISTRAR		MED	DICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. N	0	7.00	
		I. DECEASED NA			MIDDLE		LAST	20 DA	TE KNOWN D		DAY YEAR	25 HOUR
		(TYPE OR PRINT)				_			F ESII-	,		Ta TIOOK
	E E E E S S		Jehu		Howard		oss		TH MATED	3 2	2 1983	M
	ABE OF	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTI	YEARS IF UN		ER 24 HRS. 2c. D	ATE OUNCED	MONTH	DAY YEAR	24 HOUR
	7 5 A 30	Male	White	10 20	51 31		DATS HOOKS	MIN PROTE	EAD	3 2	2 1983	2:06 p. M
	E PW	I BIRTHPLACE	(STATE OR	76 CITIZEN OF WH		La	en FF NEVER	9. BAI	TIMORE CITY	OR COUNTY		
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	2 m o ≥ 171	Mary 1		U.S	A. PITAL, NURSING HO				nne Arur			MD.
	A TOWN			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FOR MOST OF	WORKING LIFE)		OR INDUST	SA
	30°	Ft. Me			gh Army Ho		.1	Federa:	Protec	ction	en. Se	rv.
=	22498 OC	SUAL RESIDEN	CE (IF IN NUMBER OF THE	HER INSTITUTION, GIV	13c. CITY OR TOWN	SION	13d. INSIDE CITY LIMITS?		rTraine	ee	Adm.	
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28.	A S S S S S S S S S S S S S S S S S S S	Ear1		Dennis	Ross	Jr.	Jacqu	eline			ake	
IM	O. 41 DO	(YES, NO, OR UNK	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	5		
BALTIMORE, MD.	S AFTER GIVE PV IITH FOI PAGES NUBION	Yes	Vie	etnam	218-56-0	518	Ann E. I	Ross 663	Brisba	ne Roa	d, 212	29
:		18 CAUSE	OF DEATH (Enter or	nly one cause per line	far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSE	INTERVAL
IST	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D	PARTI	DEATH WAS CAUSE	D BY:	Cardiomyon	athy					BETWEEN ONSE	AND DEATH
PRESTON	A E O E S	4.	254 IMMEDIA	IL CHOOL (O)	AS A CONSEQUENC							
2	A T S T O	Condi	tions, if any, which		AS A CONSEGUENC	. 01						
	A S S S S S S S S S S S S S S S S S S S	gave	rise to immediate	(b)			Dec. 201					
3	A SE NO		(a) stating the <u>under</u> - cause last.	DUE TO, OR	AS A CONSEQUENC	OF				1000		
201	PASSES.	-7g		(c)								
DS,	A P B P G E	PART 2 OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (g).				
Ö	EXTA DICE											
RECORDS	A SA SA SA A	190. DATE	OF OPERATION	LIGH CONDIT	ION FOR WHICH OP	RATION	AS PERFORMED?				20 AUTOPSY	
₹ ₹	A PARENT	15		174. CONDI			NOTEM CHILD.					
>	28.49.78.78.7	E	NAME OF THE PARTY	AU 7015 OF		Tak as					YES XX	NO []
O	A SEN		NAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE		OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
N	元子 C 立 を 8	CONTRIBL	TING CAUSE OF	DEATH P.M.	19							
DIVISION OF VITAL	PR S S S S S S S S S S S S S S S S S S S	IM	YOCCURRED		F INJURY (AT HOME,		CATION		- T			-
No.	REDI SC REDI SC SCE (SCE)	WHILE AT WORK	NOT WHILE	J SIREEL, PACIO	ORY, FARM, ETC.)		STREET	CITY C	OR TOWN	COUNT	Y	STATE
	E. WRITING THE SHOULD BE EXECUTED WITHIN 24 P. WRITING THE WORD "PENDING" IN PENCIL IN ITEA SWARDED TO THE CHIEF MEDICAL EXAMINER ALON PACES 3 SHOULD BE USED AS A BURIAL - IRANSIT PER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	AT WORK	ATWORK		CESSOS SOCIONALE		100					
	N H S S S H S	22a I ce	ertify that I took char	ge of the remains desc	ribed above, held an	Autop	sy XX. Inspect	han L., Inq	uiry L. or	nd in my apini	on	
	ME WITE	death res	ulted from Notu	ral causes XX	Acodefie .	ujcide	, Homicide	Undetermine	d manner,			
	AR AR		01/-	- M	4 0	· Just	TITLE (SPECIFY)					
	A THOUSE	ACTUAL	Men	uel/x	must	IMUL	Assista	nt MEDICALE	VAMINIED	DATE SIGNED	3-23-	83
	SER SE	SIGINATOR	\L a	0	1			MEDICALE	AAMIINER	3IGINED.		
	A S C S C S C S C S C S C S C S C S C S	EXAMINE		ennis F. S	myth, M.D			111 Penn	Street			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	(TYPE OR F					ADDRESS					
	- m d - d a	23a. BURTAL, CREA (SPECIFY)	MATION, REMOVAL		23c. NAME OF C			23d. LOCATIO		COUNTY	SI SI	ATE
	BP	Burial		03-28-83	Baltin		ational		imore Ci		Maryla	nd
	DHMH - 17	24 FUNERAL DIE	RECTOR	ADDRESS		212		E REC'D. BY REGIS	TRAR 251 REG	ISTRAR'S SIG	NATURE	
	(VR A15 ME (5))		Funeral 1	Home, Inc.	4107 Will	ens A	ve. M	AR 24198	55 /0	and	Office of the second	
	20M 4/82	THUNDRE	- 4110507									





sly filled in by the funeral directar, page 3 should be filed within 72 hours after death

be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF D	EATH	R	EG. NO.				
	CEASED NAME FIRST	٨	AIDDLE	I.	AST		20. DATE OF DEA	ниом НТА	DAY Y	EAR	2b. HOU	R
(////	Josep	h	J.	Sal	oolchi	.ck	March	7,	1983			М
3. SE	X	4 RACE		5. DATE C			6 AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER		IF UNDER	
	MALE	WHIT	E	10	20	ັ້0ຶ5	77	YF		DAYS	HOURS 1	MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF \	WHAT COUNTRY?	8	D NEVER A	A PRIED []	9 BALTIMORE			TH		
	Penna.	U.	S.A.	WIDOWE		ORCED	Anne	Arund	el Co	unt	v	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCC	UPATION	12b K	IND OF	BUSINE	
	Pasadena	184 C	arroll	Road	Pasad	lenaMd	barte			tel		
130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltim	N	13d INSIDE C	NO 🗌	3618 T		St. B	alt	0.2	2122
14. E/	ATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAA		DDLE		LAST		
		oseph	Sabolc		JoAn				Pat		-	
	VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	16b. SOCIAL SECU		17. INFORMA			ADDRESS P				
	no		171-01-	3190	Dolor	es Se	idl 18	4 Car				
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSEI	ly ane cause per D BY: E CAUSE (a)	Ventra	cule	r Fi	briller	7 hur		BET	PPROXIM WEEN ON	ATE INTER	E.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	RAS A CONSEQUE	dera	ter Cos	dwas	scular	disen	se .	34	ins	
NO	PART 2. OTHER SIGNIFICANT C	A U	NTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	Mal disease or	CONDITION	GIVEN IN PA	RT 110	-	
CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY YES NO	IN CE	YES, WERE F RTIFYING CA YES			
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	IB PART I OR PA	RT 2)		
ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P./		19								
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO	N	CH.	A I	EDUA	ere.		TATE
	27n I certify that (i) (this been)	4.00	deceased fram_	197	7	19	10 CRA	th	19		ot (II to	STATE OF THE STATE OF
		Anw the body	Me		DEGMA	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	haur and Ira		8	3
	TUNZW	IANN	141	10	1300	1/ 3	1/190	wes	5/			
	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	3/9/	83 H	oly (emetery or c	Cemete	23d. LOCATION eryGlen	Burn	ie A.	Α.	Må	TATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT: If III should be detact with the State D

TA FUNERAL DIRECTOR Balto. Md. ADDRESS 21225 George J. Gonce 4001 Ritchie Hgwy

21225

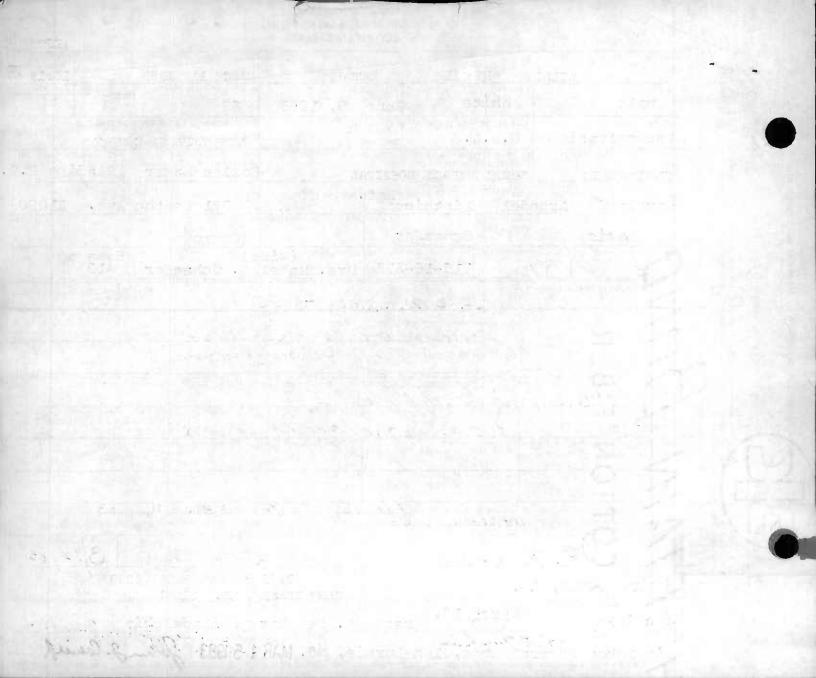
Lett () demin del plates The first and the state of the TO WARRY TO VERSION STREET IN

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, or other traumatic event, th

1	1						OF MARYLAND	52	14	0.5	9 7	1 4
-	1-	FOR STATE			DEPART		EALTH AND MENTAL HYC	GIENE		0		
	V Dr	REGISTRAR							REG. NO.		ES	
		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	AST	20. DATE OF	DEATH MONTH	DAY YEA	2b. HO	UR
			WILLI		ENRY		CHAEFER		11, 198		10:	19 5
	3 SEX			4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY]	MONTHS D	EAR IF UNDE	ER 24 HRS
		nale		Whit	e	June	9, 1893	89	Y	RS.		
P		RTHPLACE (STATE OR I		76 CITIZEN OF	WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMOI	RE CITY OR COL	JNTY OF DEATH	Н	
9	Per	nnsylvani	La	U.S.A	١.	WIDOWE		ANNE	ARUNDEL	COUNTY		MD.
1	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME C	ROTHER INSTITUTION		CCUPATION FOR MOST OF WORK		D OF BUSIN	
t	GLE	EN BURNIE		NORTH A	ARIMDET. H	OSPIT	AL		r Makei	Rea	ading	R.R.
p	USUA 13a. S	AL RESIDENCE (IF NUR	NS COLL	TY Anne	GIVE RESIDENCE BEFORE	ADMISSION)	33d. INSIDE CITY LIMITS?	13e. STREET A	DDBECC			
7	Mar	yland	Aru	nde1	Linthic	um	YES NO X	32.	1 Bento	on Ave	. 21	090
		THER'S NAME					15 MOTHER'S MAIDEN NA					
0		Louis		MIDDLE	Schaefe	r	FIRST	Unk	nown		LAST	
		AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT (Wif		ADDRESS	Same	e as	
Ţ		es, no or unknown)	(IF YES, GIV	WAR OR DATES)	715-16-	6750			chaefei	r #13	3 00	
	Ħ						TILD • Huxel	. D. S.	ciidele.		PROXIMATE INTI	FRVAL
	1	PART I. DEATH W	'AS CAUSE	D BY:			HEU AREFS	T		BETW	EEN ONSET AN	DDEATH
		479.	IMMEDIA.	TE CAUSE (0)	ARDIOPU	LHION	VEILLY THEET	3/				
	00	1210	~	DUE TO, O	RAS A CONSEQUE			1.000		99.0		
		Conditions, if any, gove rise to imm	nediote	(b)	TT HLYOS	etern	oc cambovasc				_	
	1	couse (a), statin underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF	Pulmoner	y embol	15m			
	1			(c)								
	z	PART 2 OTHER SIGN	NIFICANI (ONDITIONS CO	PAN PAN	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PAR	110	
-	CERTIFICATION	190 DATE OF OPERA	C/13	man Ca B	I YNU 6	Olon	N WAS PERFORMED	20a AUTO	neva Tank I	E VEC MEDE EIN	IDINIOS VIS	
2	FIC.	3/10/82	11014	D	L 1 11	L)	0 1	. 200 AUTO		FYES, WERE FIN ERTIFYING CAU	SES OF DEA	ID NTH?
-	RT	11010)	SERVICE F	7/05 1 216, TIME C	Tanc Hyne	ringh	L'olon Cancer	1	MOM	YES 🗌	NO	
1		OR CONTRIBUTING			M. MONTH DA	YEAR	716. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITE	M 18 PART I OR PART	2)	
	ICA	(IF EITHER NOTIFY MEDI				19						
	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY_OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	,	STATE
		WHILE NOT WE AT WORK AT WO	RK L									
		220 I certify that (I)	(this hospi	tol) ottended th	e deceased from_	Feb.	15, 19 82		90011 11	19.83	, that (I)	1 /
		sow the decease obove, (1) (we) (c	ed olive on did) (did no	t) view the body	ofter death.	, on	d that in (my) (our) opinion	death occurred	on the date one	hour and from	the couses s	toted
1	100	22b. SIGNATU F	2	VI	\	1	DEGREE	1202.		224.0	ATE SIGNED	-
		X	27	NOM			ATTENDING PHYSICIAN &	MEDICAL DIRECTOR [STAFF PHYSICIAN	C	1/2/	13
1		22d PHYSICIAN'S NA	AME (TYPE C	PR PR			22e ADDRESS 7845	OAKWOO	DD ROAD,	#200	1	
Н		IRA KAPL	AN, M	.D.			GLEN BURNI		21061	11 200		
	23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCA				
	Bi	uria1		March 198	15, Gr	een	Mt. Cemeter	ry Phi	ladelp	hia	F	A.
	24. FU	INERAL DIRECTOR	CR	40 621	1.		25a DA1	E REC'D BY RE	GISTRAR			A commence of
-	Si	ngleton 1	Fune	cal Hor	ne, Glen	Burn	ie, Md. MAR	1 5 198	33 160	mg.	shelf	



		STA	TE	OF	MA	RYL	AND
EPAR	TMENT	OF	HE	AI 1	THE A	MD	MENT

- STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO DECEASED NAME 28 DATE OF DEATH MONTH TYPE OR PRINTS GEORGE ARTHUR SCHMITTLE Jr. MARCH 16, 1983 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 28,1920 Feb 63 7a BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED [ANNE ARUNDEL COUNTY ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Manager Arundel Corp GLEN BURNIE NORTH ARUNDEL HOSPITAL 13e STREET ADDRESS 21061 Maryland GlenBurnie 605 Carolyn Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Moore A. George Schmittle, Sr Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as Yes no or unknown) 174.16.8063 Hyla E. Schmittle (Wife) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 166. IF YES, WERE FINDINGS USED

He DATE OF OPERATION 156. CONDITION FOR WHICH OPERATION WAS PERFORMED Me. AUTOPSYT IN CERTIFYING CAUSES OF DEATHY

91a ACCIDENT WAY UNDERLYING THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR DECONTRIBUTING CAUSE OF DEATH AR EITHER MODIFY MEDICAL EXAMINER. THE INJURY OCCURRED 21e. PLACE OF INJURY CAT HOME STREET PACTORS OFFICE PARM, ETC. |

JORGE B. RAMIREZ, M.D.

23a. BURIAL, CREMATION, REMOVAL

Buria1

TH LOCATION

NO THE HOW INJURY OCCURRED | LEADER NATURE OF HIGHER IN TERM OF PARTY CONTRIBUTED.

COUNTY

and that in (my) (our) agains death occurred on the date and hour and from the causes stated

22e ADDRESS 7845 Oakwood Road #205 Glen Burnie, Md. 21061

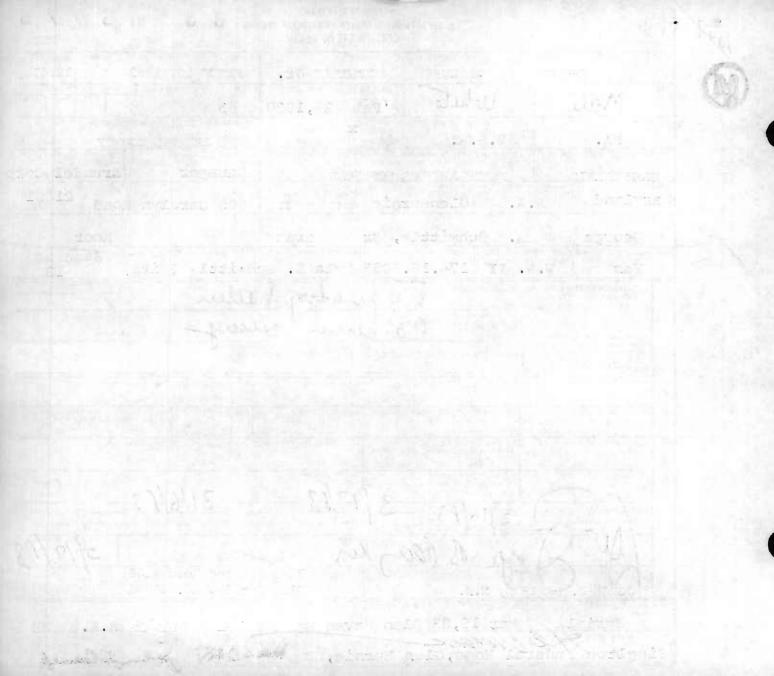
23c. NAME OF CEMETERY OR CREMATORY

Mar 19,83 Glen Haven Mem pk Glen Burnie

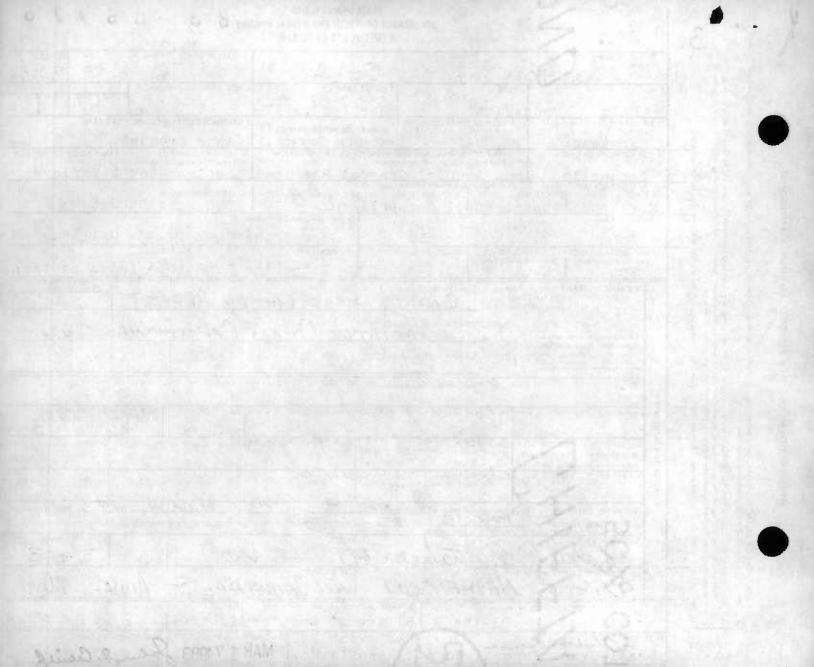
STATE

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD

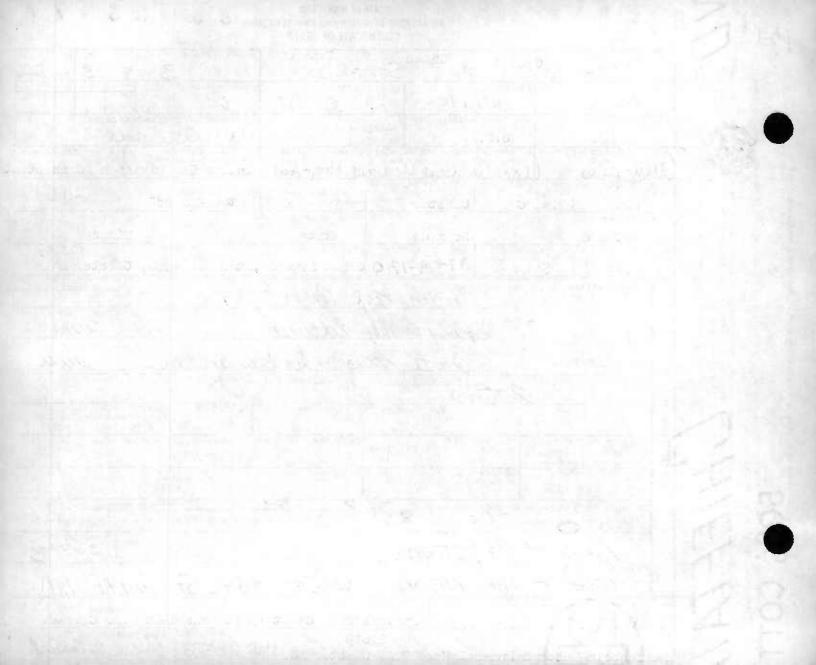
DHMH - 16 50M 1/81 (VRA 15, 4)



5	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE 8 3	05976
3.		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
a to		GORDO		JCIB16		3 14 83 8:00
or, po	3. SEX		4. RACE	MONTH DAY YEAR	S. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
direct Nours	7. 00	Male Cau	casian	April 29,1897	85 BALTIMORE CITY O	YRS.
700 7	0	OUNTRY)		MARRIED W NEVER MARRIED		
ied of		laryland			Anne Ar	ON 126, KIND OF BUSINES
\$53		Annapolis	(IF NOT IN SUCH FACILITY, GIVE STREET Anne Arundel	TADDRESS) General Hospital	Retired	
3	USUA	L RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 136. CITY OR TO	RE ADMISSION) NN \$136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2016
\$35		arvland Ann		apolisyes x NO	1008 Wes	t Street 2170
nine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE	LAST
0\$21		John	Scible	Georgianna	a	Williams
dico		AS DECEASED EVER IN U.S. AF	MED FORCES? 165 SOCIAL SEC		ADDRE	
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re corbanpo on, ar remav umotic event			nly one cause per line for (0), (b), of DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF THE CAUSE OF THE CA	TO . VEZATBULO	CARCEN	NOMA 54M.
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ws ony inju	TIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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uga	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		REG. NO.	0 5	9	77
3 31 0		CEASED NAME	SDON	don	Tin	oms Seu	Seward	20	DATE OF DEATH MONTH	/8 ·	83 1	HOUR DOPM
oge 4 ma rector, po ves after 1	3. SE	Male		RACE W	hite	S. DATE C	DAY YEA	P	AGE (IN YEARS LAST BIRTHDAY) 4 4 4 4 4 4 4 4 4 4 4 4 4	MONTHS S.	DAYS H	UNDER 24 HRS OURS MIN.
0 65		Md.		U.S.		WIDOWE			BALTIMORE CITY OR COUNTY	spel		MD.
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LAND 21		APICAL STREET	COUNTY Q.A. C		13c. CITY OR Cheste		13d. INSIDE CITY LIM YES NO X	Ž Z	Rt#2 Box 680		2	1619
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LTIMORE to and to Page			1941	AR OR DATES)	717-0	9-7710		ard ,F	Rt#2 Box #680		ster !	1619 Md. EINTERVAL ET AND DEATH
guires that the death certificate signed by the attending physici her please remave carbompaper to burial, cremation, or removal.	NO	Conditions, if any, y gove rise to imme-	or CAUSED BY AMEDIATE C	DUE TO, O (b) DUE TO, O (c) IDITIONS CO	CANOLI RASA CONSI RASA CONSI	EOUENCE OF COURTY	P. When Idem yocardia no related to the	a ly E TERMINA	y disease or condition	GIVEN IN I	2 G	Ps.
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at OR ATTENI the hospital at DIRECTOR: eroched for us ite Dept. of He Tr. If hem 21 is.		220.1 certify that (1) (1) saw the deceased above (1) we did 22b. SIGNATURE	diversity v	aw the body	_	19.83,01	d that in (m) (our) of OEGREE ATTEND PHYSIC 122e ADDRESS	ING _/N	, to			
TO HOSPIT, retained by TO FUNER, should be dwith the Stole IMPORTAN	73a F	BARRY SURIAL, CREMATION, RE	R.	A /	HANS		121 CAT	TORY	RALST A	WILL	1P. 1	21)
BP		SPECIFY) Burial JNERAL DIRECTOR		3-21-		Steven	eville Ceme	etery	Stevensville			
DHMH - 16 50M 4/82 (VRA 15, 4)		l fenhein-Hu	bbard	Funer	al Hom		019	AAAD	000000	- Lu	2 Con	will



FOR - STATE

STATE OF MARYLAND

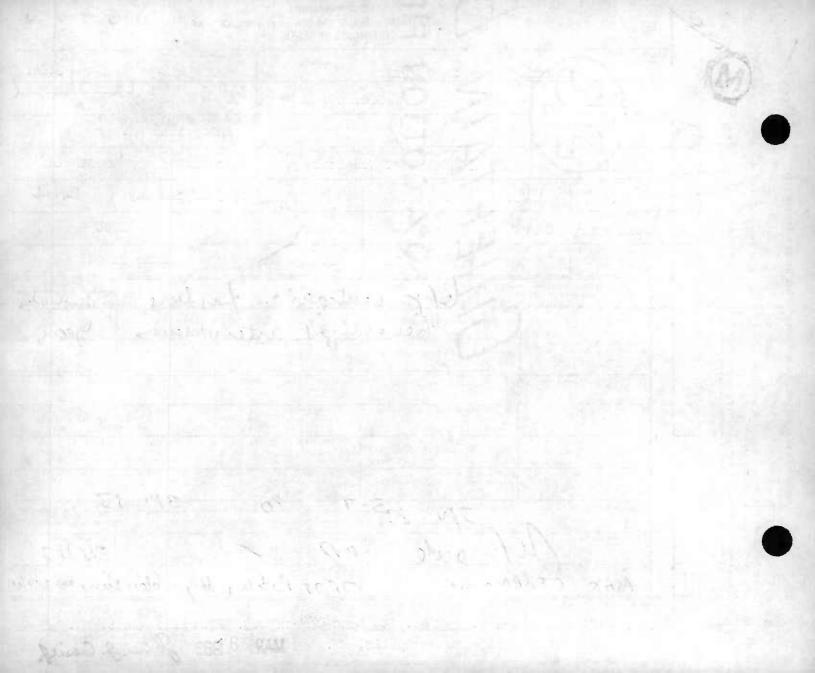
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1983

17700	0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		ECEASED NAME FIRST	MIE	DDLE	L	AS1	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	{ TYP	Mildre	d (C. Sh	naw		3-4-83		3:34P M
	3 SE		4. RACE		5. DATE C		6 AGE TIN YEARS LAST BIRTHDAY	MONTHS DATE	
		Female	White		OCT	26, 1894	88 YI	RS.	S HOURS MIN.
58		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	76. CITIZEN OF WI	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COU Annapoliis	Md . A	A. MD
\$3	A	nnapolis	Anne Ar	unde'I side	n. Hc	or other institution ospital	120 USUAL OCCUPATION 1100 SEWIMPE OF WORKE	NG LIFE) HOUSE	of Business or Phold
35	_	STATE Md. 136 CQU	Co.	VE RESIDENCE BEFORE 31. CFOT LOW		13d INSIDE CITY LIMITS?	131705 ADPryden W	lay	21114
aujun 20	14. F.	ather's NAME John Henry Car	MIDDLE	LAST		Susan ^{RST}	ME	Cobb	LAST
medico	160 \	WAS DECEASED EVER IN U.S. AR (YES, NOORUNKNOWN) (IF YES, GN		66 SOCIAL SECUI 29-01-28		Leonard Sha	aw Sam	ne as #13	3
t, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per lit	ne or layb, and	Licky	- 0	1 ,	APPRC BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
even			TE CAUSE (a)	Uff	Ve	mana	Jasture	N	Whotes
notic		4409	DUE TO, OR	AS A CONTEQUE	NCE OF	-1120	teriorlem		
frour		Canditions, it any which	(+b)	00	ner	theyer a	Tennelown	2	Jeen
ther	133	cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF	0		6	
or other		AADY O CYUED CICAVESCA AT	(c)						
uland	N O	PART 2 OTHER SIGNIFICANT	LONDITIONS CON	TIKIBUTING TOD	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART	110.
2 Z	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	on for which (OPERATIO	N WAS PERFORMED		FYES, WERE FIND RTIFYING CAUSE YES	
lem last		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY T. FACTORY, OFFICE FA	RM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo		22a I certify that (I) (this haspi sow the deceased alive an	4	ecoased from	3 . an	d that in (my) (our) opinion	death occurred on the date and	hour and fram th	., that (I) (we) last ne causes stated
# # # # # # # # # # # # # # # # # # #		22b. SIGNATURE	Man	aule	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/J	TE SIGNED
MPORTANT: #		MAD CF	RANK L	~		7575 Mt	cling Huy - 61	en Bun	e my 2106,
_	23 o. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
-		Burial	3-7-83	St.	Step	hens Church C	em. Gambrilla	AACo. M	ld.
BI	24 F	UNERAL DIRECTOR NAME Hardesty F	uneral Ho	ome Annai	oolis	. Md . 250 DA	R 8 1083	GISTRAR'S SIGNA	ATURE

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.



STATE OF MARYLAND

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			FOR STATE				OF HEALT	MARYLAND H AND MENTAL	-	3	0 5	5 9	8	0
3		1	REGISTRAR		MEI		MINER'S	CERTIFICATE		KE	G. NO.		4-6-17	
			CEASED NAME E OR PRINT)	first ,		MIDDLE		LAST	20.	OF ESTI				26 HOUR
	ASE OR. LES. URS EET,	0.65		OHN		J.		Smith		DEATH MATE	MON'		1983 YEAR	2d. HOUR
	PIRECT PORT OF THE	3. SE)	A. RAC	~/	5. DATE OF BIRTH MONTH DAY May 27	YEAR 1915 6'	BIRTHDAY) MON	INDER I YR. IF UNDE		DATE CONOUNCED DEAD	-3	7	1953	P _M
	Nerad Por y		RTHPLACE (STATE OR REIGN COUNTRY) RYLAND		76. CITIZEN OF WE	HAT COUNTRY?	8. MAR	RIED NEVER MARE	RIED LX	BALTIMORE O	CITY OR COL	JNTY OF	DEATH	MD
	LAY IS NO THE FLOOR PAGE 5	10. CI	TY OR TOWN OF DE	ATH ~ MN	11. NAME OF HOS			HER INSTITUTION		L OCCUPATION		RK 12b. K	IND OF BUSTR	SINESS
21201	ANY DE ANY DE AND 3 T	130. S	AL RESIDENCE (IF IN NI TATE RYLAND	13b. COUNT A.A.	ROTHER INSTITUTION, GI	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES A NO	13e. STREE	TADDRESS Cornhil	ll Str	eet	2140	0/
MO.	7. IF	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		,	LAST	
	PANDA PND		JOHN		W.	SMIT	Н	MARY		Mode	J	ONES		
BALTIMORE	AFTER D IVE PAGE H FORM AGES 1.	16a. V (Y	VAS DECEASED EVER	(IF YES, GIVE Y	NED FORCES? YAR OB DATES)	219-16		ANNIE L.	PARKER	1023 S	omithy.	napol Ille	is. N	ld. 401
, 201 W. PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERALDIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE DUSD AS BURIAL - TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED, WITHIN'32 HOURS AFTER BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL PROONEDS. 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH V Conditions, if gove rise to couse (a) stotin lying couse lost	ony, which immediate g the under-	CAUSE (a)	AS A CONSEQUE	NCE OF	entis) e				2)	NON-	TES
. RECORDS, 201 W.	PENDING' PENDING' F MEDICAL ED AS A BU HEALTH AN HEALTH AN	CERTIFICATION	PART 2 OTHER SIGNIFICAL	94.1				ASE OR CONDITION GIVEN IN P	ART 1 (a),			20.	AUTOPSY?	
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DIVISION OF VITAL	IFICATE STHEWOOD BE ANTHONY ON TO BE		210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR 21c. 1	HOW INJURY OCCURR	ED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1 C	R PART 2)		
DIVISI	HIS CERT WRITING WRITING WARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RRED WHILE C	2 le PLACE (STREET, FACT	OF INJURY (AT HE ORY, FARM, ETC.)	OME. 21f L	OCATION STREET		CITY OR TOWN		COUNTY		STATE
•	AL EXAMINER: 1 HE CERTIFICATE, HOULD BE FORW RAL DIRECTOR: P NTH, WITH THE SI RE, MARYLAND, 2		22a. I certify that death resulted from ACTUAL SIGNATURE	1	remains des	Accident ,	d an Auto	npsy , Inspection , Homicide , TITLE (SPECIFY)	Undeterr	Inquiry, mined manner AL EXAMINER	ond in m		2-7-	F3
	MEDIC ECUTE 1 NGE 4 SI TER DE		EXAMINER'S NAME (TYPE OR PRINT)	E.	LINHAR	107		ADDRESS A	me	polis	he.	2		
		23a.B	URIAL, CREMATION, SPECIFY) BURTAL	REMOVAL 23	3-10-83			or CREMATORY S Cemetery	23d LOC CITY OR Crox	msvill		COUNTY A. I	Maryl a	and
	BP	24. F	UNERAL DIRECTOR	Annap	olis, Md.		COLUM		REC'D. BY R	EGISTRAP				ALIU.
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	W	TLLIAM RE	ESE &	SONS MORT	UARY, PA	1	MAR	1118	183	and	- Cen	M	

AND STATE OF THE S MAR 1 1 1983 July Chair

M		REGISTRAR			CERTII	ICATE OF DEA		REG. N	10.		
1	1. DEC	CEASED NAME 181	U.	MADDLE		AST		20. DATE OF DEATH	MONTH	DAY YEA	2b. HOUR
	N. A. G.E.	Margaret.	-	Ethel	S	mith			03	20 8	3815P
)	1. SE		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER TY	EAR IF UNDER 24 HRS
	_ }	emale	Cau	casian	00		13	69	YRS	5.	
71	M. 81	RTHPLACE INTAH DAPONEO	1000000	OF WHAT COUNTRY	? 8. MARRIEI	NEVER MAR	RIED 🗆	9. BALTIMORE CITY	OR COUN	ITY OF DEATH	1
00			US		WIDOWE	D DIVOR	CED .		run		ainty M
53	0	ana Dolls		SUCH FACILITY, GIVE STRE	T ADDRESS)	eneral l	,	TY HOUSEW!			home
35	13a 5	AL RESIDENCE (IF MURENO HO	OTHER INSTITUT	Severn	WN	13d. INSIDE CITY	LIMITS?	130. 9053 ADSTESS	th I	Road .	21144
20	14. FA	James	T.	Dran	ks	is. Mother's M. Mä	ry	A ^{DDLE}		McCc	ormick
1		VAS DECEASED EVER IN U.	S. ARMED FORCES			Mrs. S	hirle	ey M. Con			sville,M nter)
1		18 CAUSE OF DEATH (En	ter only one couse	per line for (a), (b), o	ind (cl.)	1		H-1-1		BETW	PROXIMATE INTERVAL
Ē			AUSED BY: EDIATE CAUSE (a),		ac c	mest					
		1749		OR AS A CONSEQ	UENCE OF						
	27	Conditions, if any, while	ch ((b)	MIDURE		nia_					
		gave rise to immedia couse (a), stating fi	DUE TO	OR AS A CONSEQUE						9.	
		underlying couce for	c),	metesta	dic	breest	Can	cer.			
	2	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COM	NOITION (GIVEN IN PAR	T Ho
-	TIO	CVIX	Ton con					I as a surrence of	Tan IF I	VEE WERE EN	
9	CERTIFICATION	1% DATE OF OPERATION	19b. CO!	ndition for whic	H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CER	TIFYING CAU	NDINGS USED ISES OF DEATH?
9	GE	21s. ACCIDENT WAS UNDERLYD OR CONTRIBUTING TO CAUSE	110010	E OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJUR	YOCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM I	8 PART I OR PART	2)
1	CAL	(PETHER NOTEY HEDEALER	ON MUNITE	F.M.	19						
	MEDICAL	214 INJURY OCCURRED		CE OF INJURY STREET FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET		CITY OR I	DWN	COUNTY	STATE
	-	AT WORK AT WORK	J.								
		22a I certify that (I) (this		I the deceased fram			9	, to		. 19	, that (I) (we) la
		saw the deceased ali abave, (I) (we) (did) (did)	ve an did nat) view the bo	ady after death			r) opinian de	eath accurred an the o	late and h		
	1	The Signature	01	4		DEGREE	NDING	MEDICAL STA	FF .	27t. D	A E SIGNED
		Mym	and	2)		PHY	SICIAN [DIRECTOR PHYS	CIAN	, 3	10167
		1	THE CANADA	au		AAAA		R. CATH	1	041	Amarl
-	77a 8	URIAL CREMATION REM	DVAL 73h DATE	1736	NAME OF C	EMETERY OR CRE		1736 LOCATION	COAU	× - 1 . 1	Thomps
		Burial S	AND DESCRIPTIONS OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT AS	4ar .83	Smith	's Fami	ly Ce	em. "Seve	ern,	AÄOUNTY	MD STATE
32		INERAL DIRECTOR	Molle	- Control	. D.	1/D		REC'D. BY REGISTRA	REG	ISTRAR'S SIGI	NATURE
	51	ngTéton Fu	neral Ho	ome, GTE	n Bur	nie,MD	MAR	2 2 1983	fol	ng l	shelf
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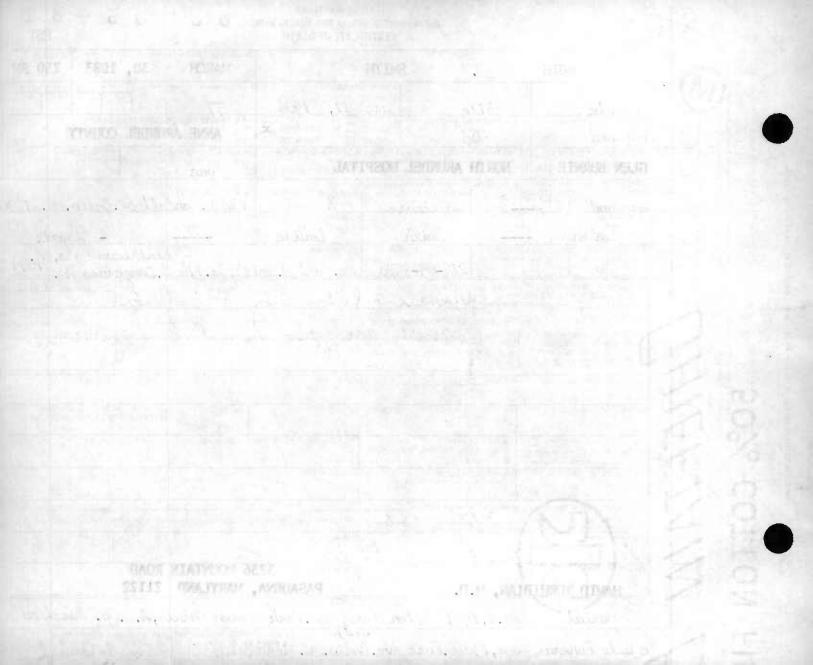
STATE OF MARYLAND

CEDTIEIC ATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 9

TO VALUE TO BE TO T Spill The County

S	FOR - STATE REGISTRAR	STATE OF M DEPARTMENT OF HEALTH CERTIFICATI	AND MENTAL HYGI	ENE 8 3	0 5 9 8 2 EST
9 7	1. DECEASED NAME FIRST (TYPE OR PRINT) RUTH	M. SMITH		MARCH MONT	30, 1983 250 AM
Poge 4 moy	3. SEX Female To. BIRTHPLACE (STATE OR FOREIGN	4. RACE S. DATE OF BIRTH White March 11 7b. CITIZEN OF WHAT COUNTRY? 8	H 1, 1906	6. AGE (INYEARS LAST BIRTHDAY) 7. 9. BALTIMORE CITY OR CO	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
eoth.	Maryland	USA MARRIED WIDOWED	DIVORCED [NDEL COUNTY
softer of	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTH NORTH ARUNDEL HOSPITAL		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR None	KING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
in 24 hou	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	Baltimore YES	1/		L St. Balto Md. 2123
MARYLAN ed within 2 mptersy is	Rueben	MIDDLE Smith	Louise	WIDDIE	4 Alberts
BALTIMORE, core be execut appert Page 1	(YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166. SOCIAL SECURITY NO. 17. IN 216-03-3578 Ma.	FORMANT Smi	th. Ja. 114 N	thicum Hots, 194093
W. PRESION ST., of the death certific by the offending preserve corberge cremotion, or remay	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	lmong lythe	Fuls	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 NG PINTSICIAN The flow requires the attending physician has been signed to the three cuthroats permet. Then plea the and Mannial Hygiene prior to buriol, askedar them 18 shows any fourty, one	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES
NO OF VITA Fing physics certificate worked trans- werted thysics them 18 at	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19	OCATION	D (ENTER NATURE OF INJURY IN IT	EM 18 PART I ORPART 2)
DIVISIG Other the or the i	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TEND optol or TOR. A fee to of Heal	saw the deceased alive or	ital) attended the deceased from 19 3, and that	in (my) (our) opinion de	eoth occurred on the date or	, 19, that (1) (we) lost and hour and from the couses stated
TAL OR A y the hos RAL DIREC detuched detuched tote Dept.	226 SIGNATURE	Andre MI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
O FUNE hould be	HAMID TOWHI		PASADENA,		DAD 1122
BP	236. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	Apr. 2, 1983 Ylen Haven	Mem. Park	T .	A.A.Cov. Marylind
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR McCully Funeral	Home, 130 E. Fort Ave. Balt	130.0712	3 1 1983	EGISTRAR'S SIGNATURE



BANKETALE BUREL A WITH REPUBLICATION OF THE PROPERTY OF THE PR e land beer a consequence of the contract of t

8	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE Ö Ö	0 3 7 9 4
1 76		CEASED NAME THIST James	S A.	Suit	20. DATE OF DEATH MONTH	27 83 8:23/Am
	_	nale	white	S. DATE OF BIRTH		MONTHS DAYS HOURS MIN.
W 135		mp.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NO OTHER INSTITUTION	Anne Aru	ndel Co. MD.
12201	UsU	AL RESIDENCE (IF NURSING HOME OR OT	THE THUNOUL	General Hospital	RET. ACCT	CINGLIFE CIVITY Service
RYLAND seeky filling 12 should	14. 54	ATHER'S NAME). Hones	138. Hande Cit's Civilia:	311 NGC	Avenue 21401
and couple	16e. V	NAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECTOR OF DATES	JRITY NO. 17. INFORMANT	ADDRESS ADDRESS	Howes same as
T., BALTIN physician popysician morphers went, the m		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED I	BY: /IMED	INC AKRE	557	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON 5 the death cer the attending temore corbo temore corbo temore corbo		Canditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	MRY ARIEK	3/ DISEN	SF 24F/RS
DS, 201 W quires that signed by hen pleuse to burnal, or quiry, or oth	NO	underlying cause last. PART 2. OTHER SIGNIFICANT CO	(c) TYPEI	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	N GIVEN IN PART 110
At RECO	RIFICATION	19s. DATE OF OPERATION		OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITA ON OF VITA diag physics a certificate bevirel frags Mental Hyps or lies 18 sh	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY	AY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
DIVISION PHONE OF After the carter the beath and a marked a	ME	WHILE AT WORK 120 HOLWHILE 120.1 certify the (1) (this hospital	(AT HOME, STREET, FACTORY, OFFICE,		city or town	COUNTY STATE
OR ATTEN o horpital oligeCTOR ched for u Dept. of Hi		saw the deseased alive an above (H(we) (did) (did not) w	view the bady after did1).	DEGREE ATTENDING	death accurred on the date on	d hour and from the causes stated
NOSPITAL British by the O FUNERAL Mit the Stote		THE PHYSICIAN'S HAME THESE	S Back	PHYSICIAN	DIRECTOR PHYSICIAN	1 1/8/83 1 mi
0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY Oay a Memorial	23d. LOCATION CITY OR TOWN	A.A. min
DHMH - 16 50M 4/82 (VRA 15, 4)	H. F	UNERAL DIRECTOR	al Chapel	250 87	1R371983	Contract Campie

STATE OF MARYLAND

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too	X	1.	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	5 9 8 5
	M)		CEASED NAME ROBER	# T.	TAYLOR	20. DATE OF DEATH MONTH	9-83 8:270M
	ectar, pe	3. SE	MALE	CAUCOS! AN	5. DATE OF BIRTH MONTH 12 94 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	death. Po	n	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED TAÉVER MARRIED WIDOWED DIVORCED	ANNEARUM	BEL Co. MD.
201	in by the fe filed will	F	MNOPOLIS	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET /	EL GENERAL HOSP.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	
LAND 21	y filled should be should b	130	STATE 135. COUR ATHER'S NAME	ARUNDEL ARNOLD	13d. INSIDE CITY LIMITS?	360 FRESHFIEL	DS LH. 21012
E, MARY	completel		CHARENCE VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SECU	ALICE	ADDRESS	BANKS
LTIMOR	cian and co		YES NO OR UNKNOWN) (IF YES, GIV	VI I 213 05 6	19 HELEN D. 1	MIRELAND (SA.	ME AS 13) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
01 W. PRESTON ST., 8	that the death certifica d by the attending phys ease remove carbonpag al, cremation, or remove or other traumatic event,	7	PART I. DEATH WAS CAUSE	ally one cause per line for (a), (b), and D BY: FE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	dio-palmonog NCE OF Pueum on i,	Arest A	
RECORDS, 20	as been signer os been signer os been signer os bermit. Then plue princip to buring we any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (Emplysen	DEATH BUT NOT RELATED TO THE TE	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
DIVISION OF VITAL	3 PHYSICIAN: The ittending physician pre this certificate in the burial-transit and Mental Hygies and Mental Hygies and or them 18 shown	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	8,27 3 9	YEAR 1973	YES NO Y URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISIO	G PH atten atten s the and ked o	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITYORTOWN	COUNTY STATE
	TAL OR ATTENDIN y the haspital ar- sat DIRECTOR: Af- detached for use o- late Dept of Health If Hem 21 is mon		saw the deceased alive an abave, (I) (we) (did) (did no 22b, SIGNATURE Robert M. G	reen M. a.	DEGREE ATTENDING PHYSICIAN	on death occurred on the date and ha	, 17, 1101 (17 (40) 103)
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State MPORTANT. If		Robert M.	freenfield, M	1.37	OLOMOUS Tel. Rd	· Annapolis
	BP	L	BURIAL, CREMATION, REMOVAL SPECIFICATION OF THE STATE OF	3/13/83 In	AMANUEL LUTHERAN CO	EM. BALTIMORE	CATY MD.
С	OHMH - 16 50M 4/82 (VRA 15, 4)	K	BERT S. BARR	ANCO SEVE	KITCHIE HWY.	MAK 1 4 1963 (- work

Markens 48 A A District of Cold White Larger & Languiter Destinant Com Met

completely filled in by the funeral director, page 3 i and 2 should be filed within 72 hours offer death

	世	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H		RYLAND ND MENTAL HY OF DEATH	GIENE 8 3	0	5	9 8 6 EST
	200		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
ge 3	75	,,,,,		DAVID		NESBIT		THOMP	SON	MARC	H 10, :	1983	3:45P M
Po Ja	10	3. SE		4.	RACE		5. DATE			6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
or or or	6		Male		Wh	ite	M61	5	16	66	YRS	MONINS DATS	HOURS MIN.
2 hou	1 影相	В	RTHPLACE (STATE OR F	FOREIGN 76		WHAT COUNTRY?	8 MARRIE	NEV	ER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Tue L	1	1	Pa.			S.A.	WIDOWI	ED	DIVORCED [ANNE AR	UNDEL (COUNTY	MD
write	ار کھ	10.6	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)			12a USUAL OCCUPA	TION TOF WORKING LI	12b. KIND	OF BUSINESS OR
by f	4/1	<u> </u>	GLEN BURN		NORT	TH ARUNDE	L HOS	PITAL		Chauff	eur	INDUSTR	teel
filled in ould be	435		AL RESIDENCE (IF NURS STATE Md	1136 COUNTY		GIVE RESIDENCE BEFORE	admission)	13d. INSIC	DE CITY LIMITS?	7846 Ame	Apt	104 -	21061
2 sh	iner	14. FA	THER'S NAME						IER'S MAIDEN N.	AME			
ond	020		James		DDIE	Ada	ir		Dinah	WIDDLE		Carr	adise
d co	ical		VAS DECEASED EVER		D FORCES?	16b. SOCIAL SECU		17. INFO	RMANT	ADD	RESS		
Pog.	med		YES	(IF TES, GIVE W	1976	183107	736	Mrs	Clara	Thompson	San	ne as	13e
by the attending physic	r, cremonian, ar removoi r other traumotic event, t		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm cause io, statin underlying cause	which	8Y: CAUSE (σ) DUE TO, OI	RAS A CONSEQUE	DULLY ENCE OF CLEAR	none pho	heard	rest Leliperasion		Sm U	RAMATE INTERVAL NONSET AND DEATH MCCLICAL ROAYS
gned en pl	, v	7	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART I	10
t. Th	ini v	TIOI			101	7510	229						
thos be	no ws on	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	YES NO	IN CERTIF	S, WERE FIND YING CAUSE S	
ficate	18		OR CONTRIBUTING		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOV	V INJURY OCCUI	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	ART I OR PART 2)	
riol-	them .	CAL	(IF EITHER NOTIFY MEDIC		Р.		19		1		Line of		
s the bu	rked ar	MEDICAL	WHILE NOT WH	ILE 🗍	21e PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOC.	ATION '	CITY OR	TOWN	COUNTY	STATE
CTOR: Af	n 21 is mo		22a.1 certify that (1) sow the decease above, (1) (we) (a	ed olive on	male	H 12 19	Feb	nd that in (my) (our) opinior	to MALO			, that (1) (we) lost e couses stated
RAL DIRE	NT: If Item	Dil	226. SIGNATURE	10	Og	M	n	DEGREE		DIRECTOR PHYS		8/	10/80
O FUNE	APORTA		22d PHYSICIAN'S NZ		AN, M.	D.		22e ADD	7013	OAKWOOD ROBURNIE, MA			
7 4	5 5							-					

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 3/14/83 New Cathedral Balto, Md 25a DA George J. Gonce 4001 Ritchie Hgwy

23a. BURIAL CREMATION, REMOVAL (SPECIFY) Burial

Balto

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COUNTY

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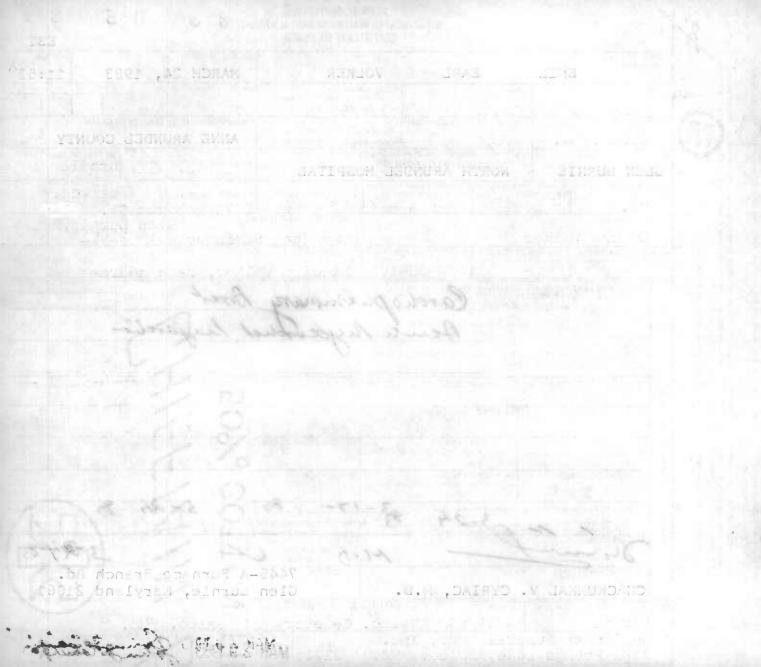
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	1 -	STATE REGISTRAR				EXAMIN					REG.	NO.	7	0 /
		CEASED NAME	FIRST		WIDDLE			LAST		20. DA	IE KNOWN		DAY YE	AR 2b. HOUR
	(TYP)	E OR PRINT)	Antho	nv	Richa	ard		Tilghm	nan		ESTI- TH MATED		5 19	83
1	3 SEX	4	RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER		ATE	MONTH		EAR 2d. HOUR
	0	TALE	BLACK	11- 8-	1944	LAST BIRTHDA		HS DAYS	Hours	MIN. PRONC	DUNCED	3	5 19	83 11:4. DM
И	7a. Bil	RTHPLACE (STA		76 CITIZEN OF W			9	IED NEV	/ED AA A DDI	FD X 9. BAL	TIMORE CITY	OR COUN		
1		JASH. D.	C.	U.S.	Α.		WIDOW		DIVORCI	ACTION .	Anne	Arunde	el Cou	nty, MD
7	IB. CI	TY OR TOWN O	FDEATH	11. NAME OF HO	SPITAL, NI		, OR OTH	ER INSTITUT	TION	120 USUAL OC				F BUSINESS
	F	t. Mead	e /	Kimbrou			ital				DNE			ONE
	USUA 13a. S		IN NURSING HOME OF	R OTHER INSTITUTION, C		E BEFORE ADMISSIN	(NC	113d. INSIDE CIT	TY LIMITS?	IJe. STREET AD	DRESS			11.5
1		D.C.	NON			SHINGT	ON	YES 🕱	NO 🗌	28	46th	PL.	N.E.	20019
1	14 FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	N NAME	MIDDLE		1 LAST	
		CYPRIAN				.GHMAN		R	. CE	CILIA			COOK	
	16a. W	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORM	AANT		ADDRE			TOWN, MO.
l		NO	****		578	-96-36	39	ROBE	RT T	ILGHMAN	9616	ORPIN		21133
		18 CAUSE OF	DEATH (Enter only	y one cause per lin				12.7		1495		74.4	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1		700		E CAUSE (o)		re disc								071115
1		Canditions	, if any, which	DUE TO, O	R AS A CO	NSEQUENCE (OF						- 1	
		gave rise	ta immediate	(b)										
		lying couse	toting the <u>under-</u> last.	DUE 10, O	R AS A COI	nsequence (OF						0.08	
1		BART 2 BINES CICN	HEICANI CRNRITIRNI C	(c)	AUT NOT BEI	ATER TO THE TERM	IN AL DICE AC							
1	z	FARI Z DINER SIGN	IIIICANI CUNDITIONS C	LUNING UL BRITUBILING	BUI NOI KEL	ALED TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PAI	K1 10				
A	ATIC	190. DATE OF C	PERATION	19b COND	ITION FOR	WHICH OPER	ATION W	'AS PERFORA	MED?				2B AUTO	PSY?
1	IFIC.												YES	
1	CERTIFICATION	210 EXTERNAL		21b. TIME C			21c. H	OW INJURY	OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PA	_	7
		UNDERLYING	OR G CAUSE OF D			DAY YEAR							-	
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE	OF INJURY	(AT HOME.		CATION					4	
	2	AT WORK	NOT WHILE	STREET, FAC	ETORY, FARM,	ETC.)		STREET		CITY O	RTOWN	CC	YTAUC	STATE
			that I taok com	all the remains	and Maria	ave, held ap	Autop	[X]	Inspection			and in my o	nining	
1		death resulted	//		XA	m /	autop	Homici		Undetermined		and in my o	pinion	
		deam resulted	/ /	//	171	1	1	TITLE (SI		Undetermined	monner	og bi		
		ACTUAL SIGNATURE	4/1	Grana	N	MA	es/			i efedical Ex	AMINED	DATE	_{ED} 3/	7/83
I	1	3533333333	1			000	1	1						
	N	EXAMINER'S N (TYPE OR PRINT		Thomas D	. Smi	th, M.).	ADDRESS_		II Penn	St.	В	alto.,	MD.
	23a. Bl	URIAL, CREMATI	ON, REMOVAL 2:	3b DATE	23c	NAME OF CE	METERY O	RCREMATO	ORY	23d. LOCATIO	N	COU	INTY	STATE
~	{5	BURIA	AL.	3-11-198	13 L	INCOLN	MEMO			SUIT	LAND.	P.G.	С.	Md.
		JNERAL DIRECT	OR	ADDRES	S					REC'D. BY REGIS	TRAR 256 RE	GISTRAR'S	SIGNATURE	
	-	U. W. CH	HAMBERS (CO. 517	11th	51. 5	· L · l	JASH.	D.C.	N 1 4 16	18'4 10	han	2. Con	ula

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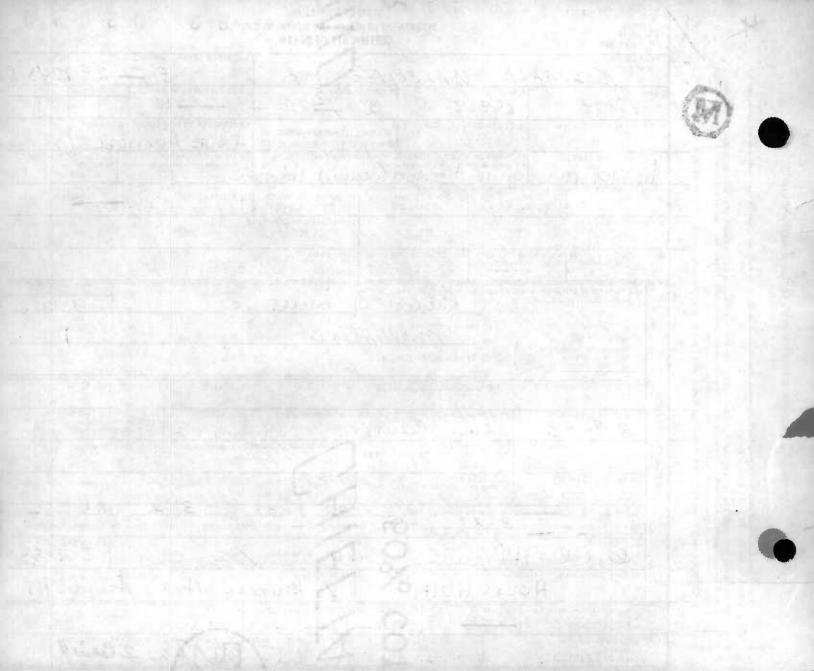
				STATE OF MARYLAND
20		1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 5 5 9 5 9
OF	(00)	967	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	(M)		CEASED NAME FIRST	MIDDLE TILAMMAN 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
	9 9	0.00		ES DOMINON
	tor, p	3. SE	mala	White MONIMO - DAY - GAD 83 MONTHS DAYS HOURS MIN.
	Poge direct sours	7a. BI	RTHPLACE (STATE OR FOREIGN	78. CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OF COUNTY OF DEATH
	orth.		T. C.	MARRIED NEVER MARRIED A ANNE ARUNDEL CO MD
	ter de fui within	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (PM) NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
201	feet feet		JUAPOlis	ANNE ARUNDEL GENEVAIL HOSPI tall Hick effect Const
D 21:	filled in ould be	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU!	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIX 134 CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS.
NA N	.9 >4 5	14 E4	THER'S NAME	Hrnold YES NOX 134 Old Jones Station Kd.
IARY	O Zomine	1	henlas 1	MIDDLE LAST LAST MIDDLE LAST
RE, N	5 8 7 7			ADDRESS 116 GCIAL SECURITY NO. 17 INFORMANT ADDRESS 1113 (Indepute of Quantum Control of
WO	Poge medic	- 1	ES 12 OR UNKNOWN) (IF YES, GIV	213-18-185 Leonard M. Leverincite BittiMI)
SALT	ote b rsicio rpers. rot.		18 CAUSE OF DEATH (Enter or	nly one cause per line for (o), (b), and (c).
ST., 1	g phy on pr even		PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (o) CARDIO-RESP. HRREST —
o N	oth co		7275	DUE TO, OR AS A CONSEQUENCE OF
RES	e dec move notion trou		Conditions, if any, which gove rise to immediate	(b) CARDIAC ARRHYTHMIA MINUTES
.×	that the day the ease recol, creare or other		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
201	s e dans		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUNNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITE
RDS	The The	NOI	BIZATER	PAL PNEUMONIH
RECORD	low refermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
¥	9 5 5 6 5	RT	210. ACCIDENT WAS UNDERLYING	YES NO YES NO
OF VIT	phys iffico infi		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR
NO	PHYSICIA this certifice buriol- ind Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	71e PLACE OF IN ILIRY 21f. LOCATION
NOISINI	G PH er th the ond ked d	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
۵	A A O O O O O O O O O O O O O O O O O O	13:	220.1 certify that (1) (this hosp	ital) ottended the deceosed from MARCH 15, 1983, to MARCH 17, 1983, that (1) (in) lost
-	F 6 7 9 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2			MARCH 19 32, and that it (my) (our) opinion death occurred on the date and hour and from the causes stated
	OR A DIREC Oched Dept.		22b. SIGNATURE	DEGREE INCLUDING MEDICAL STAFF 200 DATE SIGNED
	TAIL phy 1	T	22/PHYSICIAN'S NAME THERE	PHYSICIAN DIRECTOR PHYSICIAN 7/1/2
	HOS Ined	1	BARRY	NATHANSON 121 CATHENRAL ST. FROMAR MI)
	of of shape	73a. 1	URIAL CREMATION, REMOVAL	139 DATE 731 NAME OF CEMETERY OR CREMATORY 139 (OCATION
	BP	6	Surial	Mar 21, 1883 Gross Coate Easton Cal. MD
	DHMH - 16 50M 4/82	74.5	INERAL DIRECTOR	1 0: NOW LAND AND MAR 2 1 1983 John & Cohold
	(VRA 15, 4)	10	ylor hine	ral Chapel-Hnnapolis, MUMAIN 2 1 1300 0

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STATE OF MARYLAND



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	X	1 -	STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. NO		
	m #		EASED NAME FIRST OR PRINT)	MIDDLE		AST		MONTH 2 DAY YEAR 26. HOUR	-
	moy be	3. SEX	ORPRINT) KEGINA	LA DUA	TABRIDG IS DATE O	DE BIRTH 5	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	M
	CLAS		MALE	CAUS.	agni ag		676	YRS.	
	death. Pag	7a. Bi	ethplace (state of foreign England	England	OUNTRY? 8. MARRIE	D NEVER MARRIED	ANNE A	RCOUNTY OF DEATH RUNDEL () M	D.
10	by the fune filed within notified at	10.01	ON ADDUA	(IF NOT IN SUCH IN CILITY	GIVE STREET ADDRESS	DROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Salesma	WORKING LIFE) INDUSTRY	2
ND 212	24 hour filled in ould be filled	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU Md. A.	A OTHER INSTITUTION, GIVE RESIL NTY A. CO. 131. CIT Ann	DENCE BEFORE ADMISSION) Y OR TOWN ADOLIS	134. INSIDE CITY LIMITS?	134 STREET ADDRESS 108 Kuethe	21403 Ave. 21401	
MARYLAND 2120	within within detely ad 2 sh		ther's name Henry	MDDLE Walb	oridge	15. MOTHER'S MAIDEN NA/ Helen	ME	Guy SALAST	
X BALTIMORE, I	be executed on and camp s. Pages I an	16a. W	AS DECEASED EVER IN U.S. AI		29-19-6597	Jessie Walbr	addre ridge 13e	\$\$	
DIVISION OF VIT PERCORDS, 201 W. PRESTON ST., B	equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremotion, or removal injury, or other traumatic event, the	N	18. CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS! IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C	CONSEQUENCE OF	tares	INAL DISEASE OR COND	BETWEEN ONSET AND DEATH WAS S OUTION GIVEN IN PART 1(0)	_
RECOR	on. has bee to permit. ene prior ows ony	CERTIFICATION	190. DATE OF OPERATION 2-9-83	196. CONDITION FO	Cauce		200 AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
10F VIT	PHYSKIAN: The ending physician this certificate he burial-transit god Mental Hygien dar tem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2]	
IVISION		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJU	IRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE	
	TTEN prital TOR: for us of He		22a.) certify that (I) (the heap saw the deceased alive or above, (I) (ma) (did) (did)	7 4	19 83 .0	- 22 , 19 83 and that in (my) (****) opinion (*****)	death occurred on the do	te and hour and from the causes stated	st
0	0 5 0 50 7		226. SIGNATURE R	Holselin		DEGREE WO ATTENDING PHYSICIAN TO	MEDICAL STAF	FIAND 221. DATE SIGNED 3-2-83	
	OF THE		22d. PHYSICIAN'S NAME (TYPE	OLSC HU	1+	16 Muri	Λ	, 1	
		23a. B	URIAL, CREMATION, REMOVAI SPECIFY) Cremation	23b. DATE 3/3/8		ewetery or crematory ew Mem. Park	23d LOCATION CITY OF TOWN Baltimor	e Md. STATE	-
	BP DHMH + 16 50M 4/82		INERAL DIRECTOR	1-3-2-05		25a. DAT	E REC'D. BY REGISTE AR	25b. REGISTRAR'S SIGNATURE	-
	(VRA 15, 4)		T.A. Hardesty	Annapo	lis Md. 21	401 MAR 3	1983	in I lakely	



IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

5

	I. DE	CEASED NAME FIRST	M	IDDLE	ı	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
	(rre	Virginia Virginia		G.	Walt	ers	Marc	h 12,	1983	E.30Pm
2	1 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
3		Female	White		June	24, 1910	71	YRS	MONTHS DAYS	HOURS MIN.
3	Ja. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CI		TY OF DEATH	
M	Vi	rginia	U.S.A	A.	WIDOWE	DIX DIVORCED	Anne	Arund	el Co.	MD.
2	10 CI	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a. USUAL OCCL	IPATION	12b. KIND C	OF BUSINESS OR
0		nthicum	Home -	129 Ki	ng B	rook Rd.	Cashier	OST OF WORKING		aurant
5	13a. S	Md. A.A	NTY	Linthic	N I	13d. INSIDE CITY LIMITS? YES NO 3	13. STREET ADDR 129 Ki	ess ngbrool	Rd. (2	1090)
20	14. FA	THER'S NAME ISAAC FIRST FREE FREE	MIDDLE	Judd		15. MOTHER'S MAIDEN NA Blanche	ME \hat{R}_{ullet}^{MIDI}	DIE .	Shenk	51
		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES	166 SOCIAL SECUI		17. INFORMANT		DDRESS		
		res. NO OR UNKNOWN) (IF YES. GI	VE WAR ON DAVES	579-01-33	366	William L.	Huff (sam	e as 13	3e)	
		18 CAUSE OF DEATH Enter o	nly one couse per li	ne lor (a), (b), one	lic	. 0			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
3		PART I. DEATH WAS CAUS	TE CAUSE (a)	ESO	Dhoc	geal Canc	۹		140	2 WV
		1509	DUE TO, OR	AS A CONSEQUE	NCE OF					
		Conditions, if ony, which	(b)							
		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF					0.2460
		underlying couse lost.	((c)		200		H TOTAL LA			
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 1	0
	CERTIFICATION	19a DATE OF OPERATION	The CONTRACT	ON CORNELLON	00504710	N WAS PERFORMED				
7	FIC.	176. DATE OF OPERATION	196. CONDITI	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	OF DEATH?
H	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTERV		21. HOW/INJURY OCCUP	YES NO		res 🗌	NO 🗌
11		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M		Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE O	INJURY IN ITEM 18	PART 1 OR PART 2)	
Н	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.		19	211 LOCATION	<u> </u>			
	WE	WHILE NOT WHILE AT WORK		T FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hasp	F / .	deceased from		198/	, to	60	. 19 3	that (I) (we) lost
		sow the deceased alive or above, (I) (we) (did) (did no	t) view the body of	fter deoth.	, on	d that in (my) (our) opinion	death occurred on t	he date and ha	our and Irom the	causes stated
		226. SIGNATURE				DEGREE		2	22c. DATE	SIGNED
		- Frank	~			PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [31	4/83
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
		PKoni	4>		100	615 110	ammondo	Lane		
		urial, Cremation, Removal Temation	3/14/8			METERY OR CREMATORY W Memorial	23d. LOCATION	IN	Balo.	Md.
	24 FU	NERAL DIRECTOR Balt	0., Ma. 2	21225		25a. DAT	E REC'D. BY REGIST	RAR 25b	STRAR'S SIGNAT	UPE
	Ge	orge J. Gonce	F.H. 400	1 Ritchi	e Hgw	V. N	AR 1 4 198	3 10	hunge	shelf
- E							100	- 14		

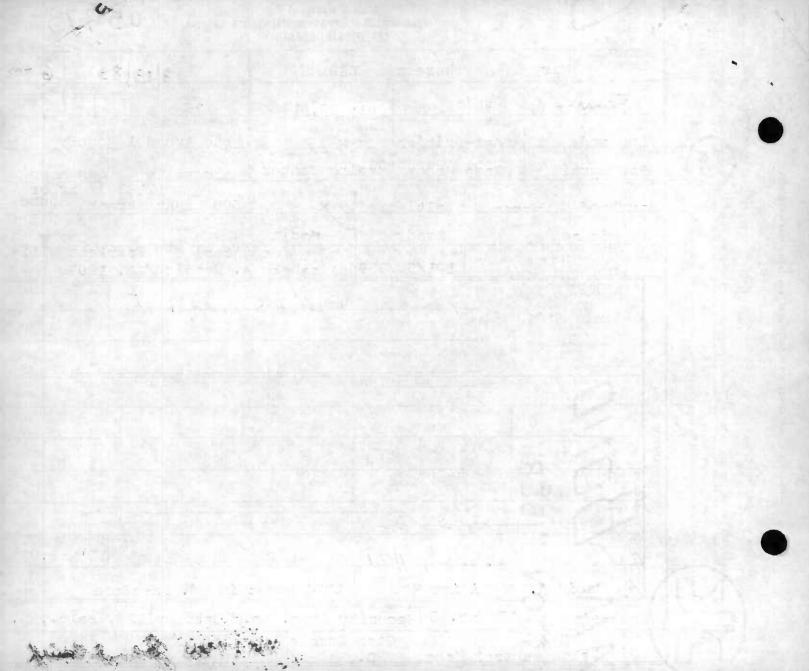
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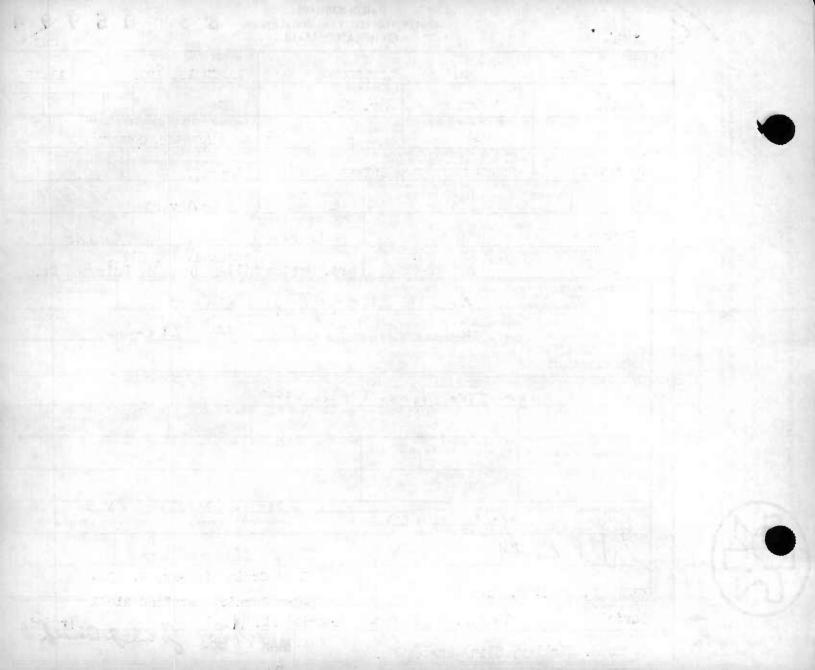
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desci. Nile North Spt. 30 1930 32 Tylevel Anno Arundal Cramyo Luding a Section to the Court of - 210-36-8041 Embler M. Brack Rox 219 Culture, Ed Land Interest Larvers Car. Gen. Principles And Anna Land remont in gewell los 31, trance Frederick, M.



REGISTRAR RECHTIFICATE OF DEATH RECHT OF DEA	/	FOR 1 - STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 3 (5 9 9 4
VIVIAN R. WHITTINGTON MARCH 15, 1983 1. CAPTER A CONTROLL OF BRITH APPLICATION OF PROPERTY OF A CONTROLL OF BRITH APPLICATION OF PROPERTY OF A CONTROLL OF	4. 5	REGISTRAR				EST
Female White April 24, %1893*** Female White April 24, %1893** Female White April 25, M1144** Female White April 24, %1893** Female White April 25, M1144** Female White White White April 25, M1144** Female White White April 25, M1144** Female White W	o ~£	(TYPE OR PRINT)			WELLS AND THE STREET	DAY YEAR 26 HOUR
Female White Appendix 24,1893*** BRITHPLACE (ISIMICATORICON) TO BRITHPLACE (ISIMICATORICON) BY ASSISTANCE OF THE INSTITUTION USA WARRIED NEVER MARRIED NEVER MARRIE	op op					IF UNDER 1 YEAR IF UNDER 24 HRS
Company Comp	ge	Female	White		89 YRS.	MONTHS DAYS HOURS MIN
The City or town of death (It is named for those trail. Nurseling Home or other institution (It city or town of death (It is not the washing to the course of the cours	25/25	70. BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED		
USUAL RESIDENCE (IP NURSHOR ORDER ON STITUTION OR RESIDENCE SETOR ADMISSION) Va. Salem Sal		ID. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126, KIND OF BUSINESS O INDUSTRY
The part of the pa	1133	USUAL RESIDENCE (IF NURSING HO 130. STATE			13e. STREET ADDRESS	99999
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT Pasadena, Mdd. 21122 Mrs. Martha Hillenburg, 8347 Fairwood 231-62-0286 Mrs. Martha Hillenburg, 8347 Fairwood Approximate Mrs. Martha Hillenburg, 8347 Fairwood Appr	HYD	FIRST		FIRST	WIDDLE	Goodwin
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HOLD BY AND IN THE PART I. DEATH	Property 2	160. WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	Pasadena, Md. 21	122
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21a. PLACE OF INJURY (21d. INJURY OCCURRED (21d. INJURY OCCURR	s been s prior the prior the	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICATION CONTRACTOR CONT	DUE TO, OR AS A CONSEGUITY ON THE CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 206. IF YES IN CERTIF	EN IN PART TIO: 5, WERE FINDINGS USED YING CAUSES OF DEATH?
22a. I certify that (I) (this haspital) attended the deceased from 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the deceased alive on 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the deceased alive on 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the deceased alive on 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the deceased alive on 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the deceased alive on 19 5, and that in (my) (aur) apinian death accurred an the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the cause at the date and hour and from the date and hour and fro	2 × 0 0 4 × 0	OR CONTRIBUTION CALLES	DE DEATH HOUR A.M. MONTH	DAY YEAR		
saw the deceased alive on 3/L 19/83, and that in (my) (aur) aprilian death accurred an the date and hour and from the cause above. (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF			(AT HOME STREET FACTORY OFFIC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DEGREE ATTENDING MEDICAL STAFF	TOR: After use of Health	saw the deceased aliv	e on 3/17 19	C-73	death accurred an the date and hav	19, that (I) (we) la r and from the causes stated
220 ADDRESS 1404 Crain Highway, S. #300	0 - 22		bull	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
GLENN F. ROBBINS, M.D.	TO FUNERAL should be det with the Stote IMPORTANT:			22e ADDRESS 1404 (Crain Highway, S.	#300
136. BURIAL, CREMATION, REMOVAL 136. DATE 136. NAME OF CEMETERY OF CREMATORY	5 € ₹ ₹	230. BURIAL, CREMATION, REMO	OVAL 23b. DATE 23		CITY OF TOWN	21061
P (SBurial 19 Mar.83 Sherwood Memorial Pk. Salem, Virg			19 Mar.83 S	Sherwood Memorial Pk	Salem,	Virginia

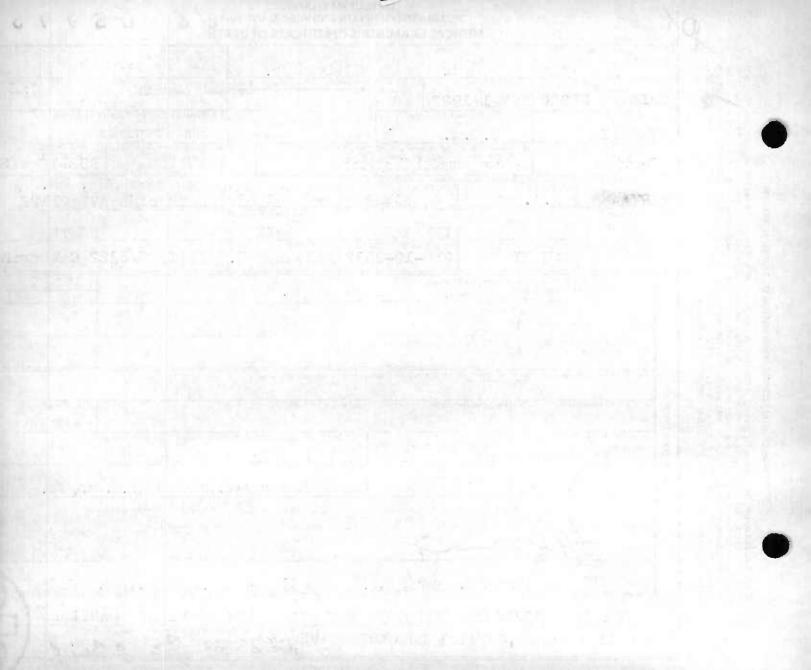
STATE OF MARYLAND



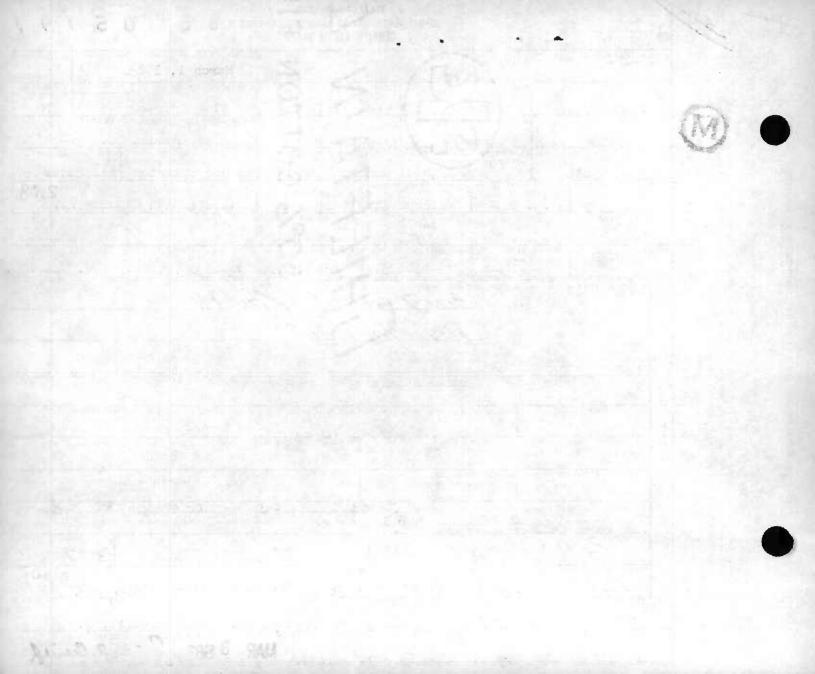
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Lee Barehen DEATH MATED 2d. HOUR AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED July 24, 1959 23 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Anna Aronda L Maryland WIDOWED [DIVORCED B. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Restaurent Waitress USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCY SEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Anne Arundel Odenton 1454 Berger St. 21113 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Fimiko Oki Victor Hartman 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 21061 (YES, NO. OR UNKNOWN) John Williams 99 Cherry Lane Glen Burnie 217-72-0697 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF if ony, which AND MENTAL gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART VARDED TO THE AGE 3 SHOULD F UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY @ P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM FTC.) CITY OR TOWN NOT WHILE Allea EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 AT WORK AT WORK Some 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural couses Accident Homicide Undetermined monner SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION or town ton Epiphany Cemetery 3-14-83 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 GISTRAR'S SIGNATURE **DHMH - 17** ADDRESS T.A. Hardesty Annapolis Md. 21401 (VR A15 ME (5) 15M2/80

in season it is enjoy The myself 4311 - 2 at the chille. a so so definite til fan sold inner Stewart Company . WER 15 7800 Sec. 2 Crais

20M 4/82



X		STATE OF MARYLAND		
1 - STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 9 9 7
1. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
	a Elizabeth Balo	dwin Joyce Wilson	March 1, 1983	M
	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 HRS
female	white	July 7,1901	81 yrs.	DNIHS BAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 74	6 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
Maryland	USA	WIDOWED XX DIVORCED	Anne Arundel	Co. MD
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
Annapolis		L General Hosp.	owner operator	insurance
USUAL RESIDENCE (IF NURSING HOME OR O 13a STATE 13b COUNT			13e. STREET ADDRESS	2109
Md. A.A.		sville YES NO X	1272 Indian La	nding Rd.
14. FATHER'S NAME	IDDE LAST	15. MOTHER'S MAIDEN NAM	WE	LACY
	S. Joyce		MIDULE	Baldwin
16a WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES) 16b. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
	212-03-	1251 Mrs France:	s Tobin 867 Claff	y Ave. Gamb.Md
18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and	(cl)	2 \ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIATE	44/11/1	remail Li	Wille	
- 4860	DUE TO, OR AS A CONSEQUE	NCE OF		
Canditians, if any, which	(b) Press	monia		
gave rise ta immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
underlying cause last.	(c)			100 - 4 - 1-
PART 2. OTHER SIGNIFICANT CC	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	VIN PART Ira
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
1 iii			YES NO YES	□ NO □
On continue to Contract or here	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
22a. I certify that (1) this haspita saw the deceased alive on		2-23 19 83	, to, 19	, that (we) last
abave (N (we) (did) (did not)	view the bady after death.	3 3, and that in (av) (aur) apinian o	death accurred an the date and haur c	and from the causes stated
22b. SIGNATURE	n. 4611 ,	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
(7/////	THEAVY 1	PHYSICIAN &	DIRECTOR PHYSICIAN	3-7-83
22d PHYSICIAN'S NAME (TYPE OR P	PRINT)	22e. ADDRESS	1 10	10415
1 (7H 1) 1H	enell mo	205 RA	gell show Ann	applie Ma
230. BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	234 JOCATION CITY OR TOWN	COUNTY STATE
Burial	3/4/83 Ba	aldwin Memorial U.M	M.C. Millersvill	le,Md.
24 FUNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR 256 GISTRA	
Hardesty Funeral	Home 12 Ridgely	Ave. Ann. Md.	NB 8 1980	- Cohief



FUNERAL DIRECTOR Annapolis, Md REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

GREENMONT CREMATORY

REG. NO 2n DATE OF DEATH MONTH YEAR 26 HOUR 83 IF UNDER ! YEAR BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1474 Waterbury Road MASON Crownsville. Md. 21032 1474 Waterbury Rd. APPROXIMATE INTERVAL 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 22c. DATE SIGNED STATE CITY OR TOWN COUNTY Baltimore

- STATE

REGISTRAR

DECEASED NAME

DHMH - 16 60M 1/75 (VR A 15 (4))

BP

The land of the sent of the sent of 1013 . Day you from the 1945 sain is as a 1990-19-15 (Ex-Lincon Margar Language Resignant Constitution of the State of the Resignation and SAME CONTRACTOR OF THE PROPERTY OF THE PROPERT

DENT STOCK AN the same of the sa

FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN XX MIDDLE STILL OF ESTILL OF ESTIL OF ESTIL OF ESTIL OF ESTIL	MONTH DAY YEAR 25 HOUR
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN XX M	MONTH DAY YEAR 26. HOUR
	3-9-83 19 M
学らこの世 3 SEX 1 A RACE S. DATE OF BIRTH 6. AGE INVEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE M	MONTH DAY YEAR 2d HOUR
male white July 3, 1929 53 YRS.	3-9-83 19 12:55
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C. USA 18. MARRIED NEVER MARRIED DIVORCED Anne Arunde	ol County
Washington, D.C. USA WIDOWED DIVORCED Anne Arunde	WORK 126. KIND OF BUSINESS
TID. CITY OR TOWN OF DEATH Rt. 214 W. of "Camp letts Rd. 110. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Security guard	or industry St of Md.
male white July 3, 1929 53 yrs. Markied Never Married Measured Mashington, D.C. Washington, D.C. Was	alvd. 21037
14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
UNKNO WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
136 STATE 136 COUNTY A.A. CO 137 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS 851 Selby B.	Selby Blvd.
PART I DEATH WAS CAUSED BY: No.	BETWEEN ONSET AND DEATH
	20 AUTOPSY? YES X ☑ NO □
216. TIME OF INJURY 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART UNDERLYING KING CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART driver of auto/auto collision 216. PLACE OF INJURY (AT HOME.) 217. PLACE OF INJURY (AT HOME.) 218. PLACE OF INJURY (AT HOME.)	on (head on)
UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19	dgewood, Maryland
deoth resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL . ACTUAL . ACTUAL . ACCIDENT . ACTUAL . ACCIDENT . ACTUAL . ACCIDENT . ACCIDE	DATE 3-9-83 SIGNED 3-9-83
PART 236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
BP Burial 3/14/83 Md Veterans Cheltenham Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA 250. DAT	PAR'S SIGNATURE
OHMH-17 (VR A15 ME (5)) 20M 4/82 ADDRESS Hardesty Funeral Home 12 Ridgely Ave. Ann. Md. MAR 1 1 1983	& Coming

